L.A. Care Covered™
Formulary
L.A. Care Covered & L.A. Care Covered Direct Formulary

INTRODUCTION

Foreword

The L.A. Care Covered & L.A. Care Covered Direct formulary is a preferred list of covered drugs, approved by the L.A. Care Health Plan Pharmacy Quality Oversight Committee. This formulary applies only to outpatient drugs and self-administered drugs. It does not apply to medications used in the inpatient setting or medical offices.

The formulary is a continually reviewed and revised list of preferred drugs based on safety, clinical efficacy, and cost-effectiveness. The formulary is updated monthly, updated documents are available online at: http://www.lacare.org.

How to Use the Formulary

The formulary drug listing begins on Page 4. Drugs available in generic formulations are listed by their generic names and it’s most common proprietary (branded) name is capitalized next to the generic name in parenthesis. Drugs that are only available in brand name formulations are listed in ALL CAPITAL letters.

The formulary can be searched by using the “Ctrl + F” function or the index. Drugs can be searched by the generic name, proprietary name, or therapeutic drug category.

Generic and Brand Name Medications

L.A. Care Covered & L.A. Care Covered Direct Plans cover generic and brand name drugs. However, when available, FDA approved generic drugs are to be used in all situations, regardless of the availability of a brand. Generic drugs generally cost less than brand name drugs. All drugs that are or become available generically are subject to review by L.A. Care’s Pharmacy Quality Oversight Committee.

A prescriber may request a brand name product in lieu of an approved generic, if the prescriber determines that there is a documented medical need for the brand equivalent. This type of request for coverage may be made using the ‘Medication Request Process’ described on Page 3.

Non-Formulary Medications

Any drug not found in this formulary listing published by L.A. Care Health Plan shall be considered a non-formulary drug.

A prescriber may request an exception to coverage for a non-formulary drug if the prescriber determines that there is a documented medical need. This type of request for coverage may be made using the ‘Medication Request Process’ described on Page 3.

Benefit Coverage and Limitations

This printed formulary does not provide information regarding the specific coverage and limitations an individual may have. The individual may have specific benefit inclusions, exclusions, and/or cost share which are not reflected in the formulary.

The formulary applies only to outpatient drugs provided to members, and does not apply to medications used in inpatient settings. Any specific questions regarding their coverage should be directed to L.A. Care Health Plan Member Services at 1-888-839-9909 (TTY: 711).
Restrictions on Medication Coverage

Certain covered drugs may have additional requirements or limits on coverage. These are denoted throughout the document using the following symbols:

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Restriction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>INF</td>
<td>Infertility</td>
<td>Infertility drugs</td>
</tr>
<tr>
<td>NC</td>
<td>Not Covered</td>
<td>Drug that is non-formulary and will not be paid for by the plan without prior approval/prior authorization</td>
</tr>
<tr>
<td>QL</td>
<td>Quantity Limit</td>
<td>Coverage may be limited to specific quantities per prescription and/or time period</td>
</tr>
<tr>
<td>SP</td>
<td>Specialty Pharmacy Availability</td>
<td>Drug is considered a specialty drug and is available through the specialty pharmacy vendor, however they are not restricted to a specific pharmacy</td>
</tr>
<tr>
<td>VAC</td>
<td>Vaccine Program</td>
<td>Coverage is available through a vaccine program</td>
</tr>
<tr>
<td>LD</td>
<td>Limited Distribution</td>
<td>Coverage is available through a limited distributor or limited number of distributors</td>
</tr>
<tr>
<td>OTC</td>
<td>Over the Counter</td>
<td>Coverage of OTC medication</td>
</tr>
<tr>
<td>RS</td>
<td>Restricted to Specialist</td>
<td>Coverage may be dependent on the specialty of the prescribing physician</td>
</tr>
<tr>
<td>MSP</td>
<td>Mandatory Specialty Pharmacy Program</td>
<td>All fills, including the initial fill MUST be dispensed at the specialty pharmacy provider of the plans</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
<td>Requires specific physician request process</td>
</tr>
<tr>
<td>SMKG</td>
<td>Smoking Cessation</td>
<td>Coverage for the treatment of smoking cessation drugs, which may have specific restrictions</td>
</tr>
<tr>
<td>ST</td>
<td>Step Therapy</td>
<td>Coverage may require one or more “prerequisite” first step drugs to be tried before progressing to the second step drug</td>
</tr>
</tbody>
</table>

Please refer to the formulary listing beginning on Page 4 for details regarding specific agents.
Medication Request Process

Formulary Agents

A. Prior Authorization (PA): These drugs require approval prior to being dispensed at a network pharmacy. Requests are reviewed with specific Prior Authorization guidelines. Each request will be reviewed on individual patient need. If the request does not meet the guidelines established by the P&T Committee, the request will not be approved and alternative therapy may be recommended.

B. Quantity Limits (QL): These drugs have quantity limits. If quantities exceeding the limit are necessary, an exception to coverage may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists without compromising safety.

C. Step Therapy (ST): These drugs require one or more first step drugs to be tried before progressing to the second step drug. If there is a medical need to use a second step drug without trying a first step drug, an exception to coverage may be requested by the prescriber. Each request will be reviewed on an individual patient need. Approval will be given if a documented medical need exists.

Non-Formulary Agents

A. Any drug not found on this list is considered non-formulary. Coverage for non-formulary agents may be requested by the prescriber. Each request will be reviewed on individual patient need. Approval will be given if a documented medical need exists.

B. The ‘Medication Request Process’ is generally not available for drugs that are specifically excluded by benefit design. For benefit exclusions refer to the ‘General Exclusions’ section below.

Non-approved requests may be appealed. The prescriber must provide information to support the appeal on the basis of medical necessity.

General Benefit Exclusions (Not Covered)

Please note that this list is subject to change.

A. Drugs specifically listed as not covered
B. Any drug products used for cosmetic purposes
C. Infertility agents
D. Experimental drug products, or any drug product used in an experimental manner
E. Non self-administered injectable drug products are not covered unless otherwise specified in the formulary listing
F. Foreign drugs or drugs not approved by the United States Food & Drug Administration

Pharmacist and Physician Feedback

The formulary is a tool to promote cost-effective prescription drug use. L.A. Care has made every attempt to create a document that meets all therapeutic needs; however, the art of medicine makes this a formidable task. L.A. Care welcomes the participation of physicians, pharmacists, and ancillary medical providers, in this dynamic process. Physicians and pharmacists are highly encouraged to direct any suggestions or comments to L.A. Care via e-mail to PharmacyandFormulary@lacare.org.
**L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary**

**Alphabetical Index**

**Last Updated 3/1/2020**

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<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-MOP CAP</td>
<td>KMSP</td>
<td>2</td>
<td>DERMATOLOGICS</td>
</tr>
<tr>
<td>abacavir soln (ZIAGEN equiv)</td>
<td>-</td>
<td>4</td>
<td>ANTIVIRALS</td>
</tr>
<tr>
<td>abacavir tab (ZIAGEN equiv)</td>
<td>-</td>
<td>4</td>
<td>ANTIVIRALS</td>
</tr>
<tr>
<td>abacavir/lamivudine tab (EPZICOM equiv)</td>
<td>-</td>
<td>4</td>
<td>ANTIVIRALS</td>
</tr>
<tr>
<td>abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)</td>
<td>-</td>
<td>4</td>
<td>ANTIVIRALS</td>
</tr>
<tr>
<td>ABILITY DISCMELT (QL= 2 tabs/day)</td>
<td>PA-QL</td>
<td>3</td>
<td>ANTIPSYCHOTICS/ANTIMANIC AGENTS</td>
</tr>
<tr>
<td>ABILITY MYCITE TAB</td>
<td>-</td>
<td>NC</td>
<td>ANTIPSYCHOTICS/ANTIMANIC AGENTS</td>
</tr>
<tr>
<td>ABILITY SOLN</td>
<td>PA</td>
<td>3</td>
<td>ANTIPSYCHOTICS/ANTIMANIC AGENTS</td>
</tr>
<tr>
<td>ABILITY TAB</td>
<td>-</td>
<td>3</td>
<td>ANTIPSYCHOTICS/ANTIMANIC AGENTS</td>
</tr>
<tr>
<td>abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)</td>
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<td>ANTI NEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
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<td>ABSORICA CAP</td>
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<td>NC</td>
<td>DERMATOLOGICALS</td>
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<tr>
<td>ABSORICA LD CAP</td>
<td>-</td>
<td>NC</td>
<td>DERMATOLOGICALS</td>
</tr>
<tr>
<td>AB STRAL SL TAB (QL= 120 tabs/30 days)</td>
<td>PA-QL</td>
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<td>ANALGESICS - OPIOID</td>
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<tr>
<td>acamprosate calcium DR tab (CAMPRAL equiv)</td>
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<td>ANTIDIABETICS</td>
</tr>
<tr>
<td>ACCOLATE TAB</td>
<td>-</td>
<td>3</td>
<td>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</td>
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<tr>
<td>ACCU-CHEK AVIVA PLUS METER</td>
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<td>$0</td>
<td>MEDICAL DEVICES AND SUPPLIES</td>
</tr>
<tr>
<td>ACCU-CHEK AVIVA PLUS TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)</td>
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<td>2</td>
<td>DIAGNOSTIC PRODUCTS</td>
</tr>
<tr>
<td>ACCU-CHEK GUIDE CARE METER</td>
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<td>$0</td>
<td>MEDICAL DEVICES AND SUPPLIES</td>
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<td>ACCU-CHEK GUIDE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)</td>
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<td>ACCU-CHEK TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)</td>
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<td>ACCUPRIL TAB</td>
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<td>3</td>
<td>ANTIHYPERTENSIVES</td>
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<td>ACCURETIC TAB</td>
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<td>ACEON TAB</td>
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<td>ANTIHYPERTENSIVES</td>
</tr>
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<td>acetaminophen/caffeine/dihydrocodeine tab (PANLOR SS equiv)</td>
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<td>ANALGESICS - OPIOID</td>
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<td>acetaminophen/codeine soln (QL=240ml/30 days)</td>
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</tr>
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<tr>
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</tr>
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<td>acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)</td>
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<td>NC</td>
<td>MIGRAINE PRODUCTS</td>
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<td>ACETASOL HC OTIC SOLN</td>
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<td>OTIC AGENTS</td>
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<td>acetazolamide ER cap (DIAMOX SEQUEL equiv)</td>
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<tr>
<td>acetazolamide tab</td>
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</table>

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. **Products listed may not be all inclusive and are subject to change.**

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<th>Special Code</th>
<th>Tier</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetic acid otic soln (VOSOL equiv)</td>
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<td>1</td>
<td>OTIC AGENTS</td>
</tr>
<tr>
<td>ACETIC ACID/ALUMINUM ACETATE OTIC SOLN</td>
<td></td>
<td>1</td>
<td>OTIC AGENTS</td>
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<tr>
<td>acetic acid/hydrocortisone otic soln (VOSOL HC equiv)</td>
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<td>OTIC AGENTS</td>
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<tr>
<td>acetylcysteine soln (MUCOMYST equiv)</td>
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<td>COUGH/COLD/ALLERGY</td>
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<td>ACIDIC VAGINAL JELLY</td>
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<td>VAGINAL PRODUCTS</td>
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<td>ACIPHEX SPRINKLE CAP</td>
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<td>ULCER DRUGS</td>
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<td>ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG</td>
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<td>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</td>
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<td></td>
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<td>ULCER DRUGS</td>
</tr>
<tr>
<td>acitretin cap (SORIATANE equiv)</td>
<td>KMSP</td>
<td>4</td>
<td>DERMATOLOGICALS</td>
</tr>
<tr>
<td>ACOLOVATE CREAM</td>
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<tr>
<td>ACLOVATE OINT</td>
<td></td>
<td>3</td>
<td>DERMATOLOGICALS</td>
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<tr>
<td>ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)</td>
<td>LMS-P-PA-QL</td>
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<td>ANALGESICS - ANTI-INFLAMMATORY</td>
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<tr>
<td>ACTEMRA SC INJ (QL= 2 inj/28 days)</td>
<td>LMS-P-PA-QL</td>
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<td>ANALGESICS - ANTI-INFLAMMATORY</td>
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<tr>
<td>ACTICLATE TAB 75MG, 150MG</td>
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<td>TETRACYCLINES</td>
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<td>ACTIGALL CAP</td>
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<td>GASTROINTESTINAL AGENTS - MISC.</td>
</tr>
<tr>
<td>ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)</td>
<td>LD-PA</td>
<td>4</td>
<td>ANTIJOINTHEPsis AND ADJUNCTIVE THERAPIES</td>
</tr>
<tr>
<td>ACTIQ LOZENGE (QL= 120 units/30 days)</td>
<td>PA-QL</td>
<td>3</td>
<td>ANALGESICS - OPIOID</td>
</tr>
<tr>
<td>ACTIVELLA TAB</td>
<td></td>
<td>3</td>
<td>ESTROGENS</td>
</tr>
<tr>
<td>ACTONEL TAB (Step Therapy requires trial of alendronate)</td>
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<td>3</td>
<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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<tr>
<td>ACTOPLUS MET TAB</td>
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<tr>
<td>ACTOPLUS MET XR TAB</td>
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<td>ANTIDIABETICS</td>
</tr>
<tr>
<td>ACTOS TAB</td>
<td></td>
<td>3</td>
<td>ANTIDIABETICS</td>
</tr>
<tr>
<td>ACULAR (LS) OPTH SOLN</td>
<td></td>
<td>3</td>
<td>OPHTHALMIC AGENTS</td>
</tr>
<tr>
<td>ACUVAIL OPTH SOLN</td>
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</tr>
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<td>acyclovir cap (ZOYIRAX equiv)</td>
<td></td>
<td>1</td>
<td>ANTIVIRALS</td>
</tr>
<tr>
<td>acyclovir cream (ZOYIRAX equiv)</td>
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<td>1</td>
<td>ANTIVIRALS</td>
</tr>
<tr>
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<td>acyclovir susp (ZOYIRAX equiv)</td>
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<tr>
<td>acyclovir tab (ZOYIRAX equiv)</td>
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<td>ANTIVIRALS</td>
</tr>
<tr>
<td>ACZONE GEL</td>
<td></td>
<td>NC</td>
<td>DERMATOLOGICALS</td>
</tr>
<tr>
<td>ADAGEN INJ</td>
<td></td>
<td>M</td>
<td>BIOLOGICALS MISC</td>
</tr>
<tr>
<td>ADALAT CC TAB</td>
<td></td>
<td>3</td>
<td>CALCIUM CHANNEL BLOCKERS</td>
</tr>
<tr>
<td>adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)</td>
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<td>DERMATOLOGICALS</td>
</tr>
<tr>
<td>adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)</td>
<td>PA</td>
<td>1</td>
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</tr>
<tr>
<td>ADAPALENE LOTION</td>
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<td>DERMATOLOGICALS</td>
</tr>
<tr>
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<tr>
<td>ADASUIVE INHALER</td>
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<td>ANTIPSYCHOTICS/ANTIMANIC AGENTS</td>
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<tr>
<td>ADAZIN CREAM</td>
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<td>NC</td>
<td>DERMATOLOGICALS</td>
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<tr>
<td>ADCIRCA TAB</td>
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<td>ADDERALL TAB</td>
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<td>3</td>
<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS</td>
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<td>1</td>
<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS</td>
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</table>

**NC** = Not Covered  
**generic** = small letters  
**BRANDS** = CAPITAL LETTERS  
**EXC** = Plan Exclusion  
**LD** = Limited Distribution  
**MSP** = Mandatory Specialty Pharmacy Program  
**QL** = Quantity Limit  
**SMKG** = Smoking Cessation  
**INF** = Infertility  
**LMS-P** = Lumicera Mandatory Specialty Pharmacy Program  
**OCTC** = Over-the-Counter  
**RS** = Restricted to Specialist  
**SP** = Available through Specialty Pharmacy Program  

Coverage of medications, including those not otherwise identified by qualifiers such as **QL**, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.
### L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
**Alphabetical Index**
**Last Updated 3/1/2020**

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<th>Special Code</th>
<th>Tier</th>
<th>Category</th>
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<tbody>
<tr>
<td>ADDYI TAB</td>
<td>-</td>
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<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
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<tr>
<td>adefovir dipivoxil tab (HEPSERA equiv)</td>
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<tr>
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<td>ANTIDIABETICS</td>
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<td>ADOXA PAK</td>
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<td>APOKYN INJ (Only available through CVS Specialty 800-237-2767)</td>
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NC = Not Covered
generic = small letters
BRANDS = CAPITAL LETTERS
EXC = Plan Exclusion
INF = Infertility
K MSP = Kroger Mandatory Specialty Pharmacy Program
LD = Limited Distribution
LMSP = Lumicera Mandatory Specialty Pharmacy Program
MSP = Mandatory Specialty Pharmacy Program
MSK = Smoking Cessation
OTC = Over-the-Counter
PA = Prior Authorization
Q L = Quantity Limit
RS = Restricted to Specialist
ST = Step Therapy
SMKG = Smoking Cessation
SP = Available through Specialty Pharmacy Program

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.

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<tr>
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<td>BLEPHAMIDE S.O.P. OPHTH OINT</td>
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<tr>
<td>BONIVA TAB 150MG (QL = 1 tab/30 days; Step Therapy requires trial of alendronate)</td>
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<tr>
<td>bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)</td>
<td>LD-PA-QL</td>
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<td>BOSULIF TAB</td>
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<td>BRAFTOVI CAP 50MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)</td>
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<tr>
<td>BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)</td>
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<td>brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)</td>
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<td>brimonidine ophth soln 0.2%</td>
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<td>BRIVIACT SOLN 10MG/ML</td>
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<td>EXC</td>
<td>COUGH/COLD/ALLERGY</td>
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<td>NC</td>
<td>NASAL AGENTS - SYSTEMIC AND TOPICAL</td>
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<td>BUNAVAIL FILM</td>
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<td>BUSPAN TAB</td>
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<td>buspirone tab (BUSPAR equiv)</td>
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<td>buspirone tab 30mg (BUSPAR equiv)</td>
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<td>ANTIDIABETICS</td>
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<tr>
<td>BYDUREON INJ (QL= 4 inj/28 days)</td>
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<tr>
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<tr>
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<td>ANTIDIABETICS</td>
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<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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<tr>
<td>CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)</td>
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<td>CABOMETYX TAB (QL= 1 tab/day)</td>
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<th>Drug Name</th>
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| DEXEDRINE CAP | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A 
NOREXIANTS |
| DEXILANT CAP | - | NC | ulcER DRUGS |
| dexamphetamine ER cap (FOCALIN XR equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A 
NOREXIANTS |
| dexamphetamine tab (FOCALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A 
NOREXIANTS |
| DEXPAK TAB | - | NC | CORTICOSTEROIDS |
| DEXTENZA OPHTH INSERT | - | NC | OPTHALMIC AGENTS |
| Dextroamphetamine ER cap (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A 
NOREXIANTS |
| Dextroamphetamine tab (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A 
NOREXIANTS |
| DIABETA TAB | - | 3 | ANTIDIABETICS |
| DIABETIC METER (all other diabetic meters) | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| DIACOMIT CAP (Only available through US Bioservices 888-518-7246) | LD-PA | 4 | ANTICONVULSANTS |
| DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246) | LD-PA | 4 | ANTICONVULSANTS |
| DIALYVITE TAB | - | 1 | MULTIVITAMINS |
| dialyvite tab (NEPHRO-VITE equiv) | - | NC | MULTIVITAMINS |
| DIALYZE/ZINC TAB | - | 1 | MULTIVITAMINS |
| DIAMOX SEQUEL CAP | - | 3 | DIURETICS |
| DIAPHRAGM | SD | MEDICAL DEVICES AND SUPPLIES |
| DIAPTORAM | DIAPTORAM | MEDICAL DEVICES AND SUPPLIES |
| DIASAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 5 inj/30 days) | QL | 2 | ANTICONVULSANTS |
| DIATZ 2N TAB | - | 3 | MULTIVITAMINS |
| diazepam conc (VALIUM equiv) (QL= 180ml/30 days) | QL | 1 | ANTIANXIETY AGENTS |
| DIAZEPAM SOLN (QL= 180ml/30 days) | QL | 1 | ANTIANXIETY AGENTS |
| dexamphetamine tab 2mg, 10mg (VALIUM equiv) (QL= 4 tabs/day) | QL | 1 | ANTIANXIETY AGENTS |
| dexamphetamine tab 5mg (VALIUM equiv) (QL= 3 tabs/day) | QL | 1 | ANTIANXIETY AGENTS |
| DIBENZYLINE CAP | KMS | 3 | ANTIHYPERTENSIVES |
| DICLEGIS TAB | - | NC | ANTIEMETICS |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 1 | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 | DERMATOLOGICALS |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 | DERMATOLOGICALS |
| diclofenac potassium tab (CATALFLAM equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 | OPHTHALMIC AGENTS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac soln 1.5% (PENNSAID equiv) | - | NC | DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | 1 | ULCER DRUGS |
| didanosine DR cap (VIDEX EC equiv) | - | 4 | ANTIVIRALS |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | NC | ANTIVIRALS |
| DIFFERIN CREAM | PA | 3 | DERMATOLOGICALS |
| DIFFERIN GEL | PA | 3 | DERMATOLOGICALS |

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<thead>
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<tr>
<td>DIFFERIN LOTION</td>
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<td>DIFFERIN OTC GEL 0.1%</td>
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.
## Alphabetical Index
### Last Updated 3/1/2020

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NC = Not Covered
INF = Infertility
SMKG = Smoking Cessation
LD = Limited Distribution
KMS = Kroger Mandatory Specialty Pharmacy Program
MSP = Mandatory Specialty Pharmacy Program
OTC = Over-the-Counter
PA = Prior Authorization
SM = Medical Benefit
SP = Available through Specialty Pharmacy Program
MSP = Mandatory Specialty Pharmacy Program
PA = Prior Authorization
SM = Medical Benefit
SP = Available through Specialty Pharmacy Program

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<tr>
<td>EQUETRO CAP</td>
<td>-</td>
<td>2</td>
<td>ANTIPLATFORMICS/ANTIPLATFORMIC AGENTS</td>
</tr>
<tr>
<td>ERGICAL CAP</td>
<td>-</td>
<td>NC</td>
<td>VITAMINS</td>
</tr>
<tr>
<td>ergoloid mesylates tab (HYDERGINE equiv)</td>
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<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
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<td>ERGOLOID MESYLATES TAB</td>
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<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
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<tr>
<td>ERGMAR SL TAB</td>
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<td>3</td>
<td>MIGRAINE PRODUCTS</td>
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<tr>
<td>ergotamine tartrate/caffeine tab (CAFERGOT equiv)</td>
<td>-</td>
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<td>MIGRAINE PRODUCTS</td>
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<tr>
<td>ERIVEDGE CAP</td>
<td>KMSP-PA-SF</td>
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<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
</tr>
<tr>
<td>ERLEADA TAB (QL= 4 tabs/day)</td>
<td>KMSP-PA-QL</td>
<td>4</td>
<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
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<tr>
<td>erlotinib tab (TARCEVA equiv)</td>
<td>KMSP-PA-SF</td>
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<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
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<tr>
<td>ERTACZO CREAM</td>
<td>-</td>
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<td>DERMATOLOGICALS</td>
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<tr>
<td>ertapenem inj (INVANZ equiv)</td>
<td>M</td>
<td>M</td>
<td>ANTI-INFECTIVE AGENTS - MISC.</td>
</tr>
<tr>
<td>ERY PAD</td>
<td>-</td>
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<tr>
<td>ERYPED SUSP</td>
<td>-</td>
<td>NC</td>
<td>MACROLIDES</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>erythromycin DR cap (ERYC equiv)</td>
<td>-</td>
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<td>MACROLIDES</td>
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<tr>
<td>erythromycin ethylsuccinate susp (ERYPED equiv)</td>
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<tr>
<td>ERYTHROMYCIN ETHYLSUCCINATE TAB</td>
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<tr>
<td>erythromycin gel</td>
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<tr>
<td>erythromycin ophth oint</td>
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<td>OPHTHALMIC AGENTS</td>
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<tr>
<td>erythromycin pad</td>
<td>-</td>
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</tr>
<tr>
<td>erythromycin soln</td>
<td>-</td>
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<td>DERMATOLOGICALS</td>
</tr>
<tr>
<td>erythromycin stearate tab</td>
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<td>MACROLIDES</td>
</tr>
<tr>
<td>erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)</td>
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<td>MACROLIDES</td>
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<tr>
<td>erythromycin tab (ERY-TAB equiv)</td>
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<td>NC</td>
<td>MACROLIDES</td>
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<tr>
<td>erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)</td>
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<tr>
<td>erythromycin/sulfisoxazole susp (PEDIAZOLE equiv)</td>
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<td>ANTI-INFECTIVE AGENTS - MISC.</td>
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<tr>
<td>ESBRIET CAP (QL= 9 caps/day)</td>
<td>LMSP-PA-QL-SF</td>
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<td>RESPIRATORY AGENTS - MISC.</td>
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<tr>
<td>ESBRIET TAB 267MG (QL= 9 tabs/day)</td>
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<td>RESPIRATORY AGENTS - MISC.</td>
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<tr>
<td>ESBRIET TAB 801MG (QL= 3 tabs/day)</td>
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<td>RESPIRATORY AGENTS - MISC.</td>
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<tr>
<td>ESCAVITE CHEW TAB</td>
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<td>MULTIVITAMINS</td>
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<tr>
<td>escitalopram soln (LEXAPRO equiv)</td>
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<td>ANTIDEPRESSANTS</td>
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<tr>
<td>escitalopram tab (LEXAPRO equiv)</td>
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<tr>
<td>ESGIC TAB</td>
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<td>ANALGESICS - NONNARCOTIC</td>
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<tr>
<td>ESKATA SOLN</td>
<td>-</td>
<td>NC</td>
<td>DERMATOLOGICALS</td>
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<tr>
<td>esomeprazole cap (NEXIUM equiv)</td>
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<td>NC</td>
<td>ULKER DRUGS</td>
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<td>ESOMEPAZOLE STRONTIUM CAP</td>
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<td>NC</td>
<td>ULKER DRUGS</td>
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<tr>
<td>estazolam tab (PROSOM equiv)</td>
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<td>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</td>
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<tr>
<td>esterified estrogens/methytestosterone tab (ESTRATEST equiv)</td>
<td>-</td>
<td>NC</td>
<td>ESTROGENS</td>
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<tr>
<td>ESTRACE TAB</td>
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<td>3</td>
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<tr>
<td>ESTRACE VAGINAL CREAM</td>
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<td>VAGINAL PRODUCTS</td>
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<tr>
<td>estradiol cream (ESTRACE equiv)</td>
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<td>VAGINAL PRODUCTS</td>
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<tr>
<td>estradiol patch (CLIMARA equiv)</td>
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<tr>
<td>estradiol patch (VIVELLE-DOT equiv)</td>
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<td>ESTROGENS</td>
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<tr>
<td>estradiol tab (ESTRACE equiv)</td>
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<tr>
<td>estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))</td>
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<td>VAGINAL PRODUCTS</td>
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<td>estradiol/norethindrone tab (ACTIVELLA equiv)</td>
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<td>ESTROGENS</td>
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<td>ESTRASORB EMULSION</td>
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<tr>
<td>ESTRATEST TAB</td>
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<td>ESTRING</td>
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<td>VAGINAL PRODUCTS</td>
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<tr>
<td>ESTROPIMATE TAB</td>
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<tr>
<td>estropimate tab (OGEN equiv)</td>
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<tr>
<td>ESTROSTEP FE TAB</td>
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<td>CONTRACEPTIVES</td>
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<tr>
<td>eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)</td>
<td>QL</td>
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<td>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</td>
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<td>ethacrynic tab (EDECRIN equiv)</td>
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<td>DIURETICS</td>
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<td>ethambutol tab (MYAMBITOL equiv)</td>
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<td>ANTIMYCOBACTERIAL AGENTS</td>
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<td>ethosuximide cap (ZARONTIN equiv)</td>
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<td>ANTICONVULSANTS</td>
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<td>ethosuximide soln (ZARONTIN equiv)</td>
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<td>etidronate disodium tab 200mg (DIDRONEL equiv)</td>
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<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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<td>ETIDRONATE DISODIUM TAB 400MG</td>
<td>-</td>
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<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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</tbody>
</table>

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<th>Category</th>
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<tr>
<td>etodolac cap (LODINE equiv)</td>
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<td>etodolac ER tab (LODINE XL equiv)</td>
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<td>etodolac tab</td>
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<td>ANALGESICS - ANTI-INFLAMMATORY</td>
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<td>etoposide cap (VEPESID equiv)</td>
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<td>EURAX CREAM</td>
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<td>EURAX LOTION</td>
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<td>EVAMIST SPRAY</td>
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<td>ESTROGENS</td>
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<tr>
<td>EVEKEO ODT</td>
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<td>NC</td>
<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESETY/ANOREXINTS</td>
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<tr>
<td>EVEKEO TAB</td>
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<td>NC</td>
<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESETY/ANOREXINTS</td>
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<td>everolimus tab (AFINITOR equiv) (QL= 1 tab/day)</td>
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<td>EYVIVO LIQUID</td>
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<td>EVOCLIN FOAM</td>
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<td>EVOTAZ TAB</td>
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<tr>
<td>EVOXAC CAP</td>
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<td>MOUTH/THROAT/DENTAL AGENTS</td>
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<td>EVZIO INJ</td>
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<td>ANTIDOTES AND SPECIFIC ANTAGONISTS</td>
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<tr>
<td>EVZIO INJ</td>
<td>-</td>
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<td>EXALGO TAB</td>
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<td>ANALGESICS - OPIOID</td>
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<td>EXELDERM CREAM, SULCONAZOLE CREAM</td>
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<tr>
<td>EXELDERM SOLN</td>
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<tr>
<td>EXELDERM SOLN, SULCONAZOLE SOLN</td>
<td>-</td>
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<tr>
<td>EXELON CAP</td>
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<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
</tr>
<tr>
<td>EXELON PATCH (Step Therapy requires trial of rivastigmine cap)</td>
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<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
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<tr>
<td>exemestane tab (AROMASIN equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)</td>
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<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
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<td>EXFORGE HCT TAB</td>
<td>-</td>
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<td>ANTIHYPERTENSIVES</td>
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<td>EXFORGE TAB</td>
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<td>ANTIHYPERTENSIVES</td>
</tr>
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<td>EXJADE TAB</td>
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<td>EZALLOR SPRINKLE CAP</td>
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<td>ANTIHYPERLIPIDEMICS</td>
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<td>ezetimibe tab (ZETIA equiv)</td>
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<tr>
<td>ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))</td>
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<td>ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)</td>
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<td>NC</td>
<td>ANTIHYPERLIPIDEMICS</td>
</tr>
<tr>
<td>FABIOR AEROSOL FOAM</td>
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<td>DERMATOLOGICALS</td>
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<td>FABRAZYME INJ</td>
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<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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<tr>
<td>FACTIVE TAB</td>
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<td>NC</td>
<td>CONTRACEPTIVES</td>
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<tr>
<td>FALESSA TAB</td>
<td>-</td>
<td>NC</td>
<td>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</td>
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<td>famciclovir tab (FAMVIR equiv)</td>
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<tr>
<td>famotidine susp (PEPCID equiv)</td>
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<td>ULCER DRUGS</td>
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</table>

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## Drug Name | Special Code | Tier | Category
--- | --- | --- | ---
Famotidine tab (PEPCID equiv) | - | 1 | ULCER DRUGS
Famvir Tab | - | 3 | ANTVIRALS
FANAPT Tab (QL= 2 tabs/day) | PA-QL | 3 | ANTVIRALS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year) | PA-QL | 3 | ANTVIRALS/ANTIMANIC AGENTS
FANSIDAR Tab | - | 3 | ANTIMALARIALS
Fareston Tab | - | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA Tab | - | NC | ANTIDIABETICS
Farydak Cap (QL= 6 caps/21 days) | MSP-PA-QL | 4 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FAXENRA PEN INJ (QL= 1 inj/56 days) | KMS-P-PA-QL | 4 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FAZACLO ODT 12.5MG, 25MG, 100MG | - | 3 | ANTVIRALS/ANTIMANIC AGENTS
Fexofenadine tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST | 1 | GOUT AGENTS
Felbamate susp (FELBATOL equiv) | - | 1 | ANTICONVULSANTS
Felbamate tab (FELBATOL equiv) | - | 1 | ANTI CONVULSANTS
Felbatol Susp | - | 3 | ANTI CONVULSANTS
Felbatol Tab | - | 3 | ANTI CONVULSANTS
Feldene Cap | - | 3 | ANALGESICS - ANTI-INFLAMMATORY
Felodipine ER tab (PLENDIL equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS
Fen Ph Gel | - | 3 | VAGINAL PRODUCTS
Female Condoms OTC | OTC | $0 | MEDICAL DEVICES AND SUPPLIES
Femara Tab | - | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
Femcon FE Chew Tab | - | 3 | CONTRACEPTIVES
Femhrt Tab | - | 3 | ESTROGENS
Femring (3 copays per Rx) | - | 3 | VAGINAL PRODUCTS
Fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC | ANTIHYPERLIPIDEMICS
Fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv) | - | 1 | ANTIHYPERLIPIDEMICS
Fenofibrate CAP, LIPOFEN CAP 50MG, 150MG | - | NC | ANTIHYPERLIPIDEMICS
Fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC | ANTIHYPERLIPIDEMICS
Fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS
Fenofibric acid DR cap (TRILIPIX equiv) | - | 1 | ANTIHYPERLIPIDEMICS
Fenofibrate tab, Fibrinol Tab | - | 3 | ANTIHYPERLIPIDEMICS
Fenoprofen calcium tab | - | NC | ANALGESICS - ANTI-INFLAMMATORY
Fenoprofen Cap | - | NC | ANALGESICS - ANTI-INFLAMMATORY
Fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | 1 | ANALGESICS - OPIOID
Fentanyl patch (DURAGESIC equiv) (QL=10 patches/30 days) | QL | 1 | ANALGESICS - OPIOID
Fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC | ANALGESICS - OPIOID
Fentora Tab, Fentanyl Buccal Tab (QL= 120 tabs/30 days) | PA-QL | 3 | ANALGESICS - OPIOID
Ferox 150 forte cap | - | 1 | HEMATOPOIETIC AGENTS
Ferox 150 forte cap (Niferex 150 FORTE equiv) | - | 1 | HEMATOPOIETIC AGENTS
Ferrex 28 Tab | - | 3 | HEMATOPOIETIC AGENTS
Ferraprox Soln (Only available through Ferraprox Total Care 866-758-7071) | LD-PA | 4 | ANTIDIOTES
Ferraprox Tab (Only available through Ferraprox Total Care 866-758-7071) | LD-PA | 4 | ANTIDIOTES
Ferrous Sulfate Liquid (Covered for members 1 year or younger) | OTC | $0 | HEMATOPOIETIC AGENTS
Ferrous Sulfate Soln (Covered for members 1 year or younger) | OTC | $0 | HEMATOPOIETIC AGENTS

**NC** = Not Covered  
**generic** = small letters  
**BRANDS** = capital letters  
**EXC** = Plan Exclusion  
**INF** = infertility  
**KMS** = Kroger Mandatory Specialty Pharmacy Program  
**LD** = Limited Distribution  
**LMSP** = Lumicera Mandatory Specialty Pharmacy Program  
**MSP** = Mandatory Specialty Pharmacy Program  
**PA** = Prior Authorization  
**M** = Medical Benefit  
**OTC** = Available through Specialty Pharmacy Program  
**PA-QL** = Prior authorization quantity limit  
**QL** = Quantity Limit  
**RS** = Restricted to Specialist  
**SP** = Step Therapy  
**SMKG** = Smoking Cessation  

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</tr>
</thead>
<tbody>
<tr>
<td>FERROUS SULFATE SYRUP (Covered for members 1 year or younger)</td>
<td>OTC</td>
<td>$0</td>
<td>HEMATOPOIETIC AGENTS</td>
</tr>
<tr>
<td>FETZIMA CAP (QL= 1 cap/day)</td>
<td>PA-QL</td>
<td>3</td>
<td>ANTIDEPRESSANTS</td>
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Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.
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<th>Tier</th>
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<td>$0</td>
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<tr>
<td>covered at generic copay)</td>
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<tr>
<td>FOLLISTIM AQ INJ</td>
<td>INF</td>
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<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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<tr>
<td>folvite-d tab (GENICIN equiv)</td>
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<tr>
<td>fondaparinux inj (ARIXTRA equiv)</td>
<td>PA</td>
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<tr>
<td>FORADIL AEROLIZER</td>
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<td>NC</td>
<td>ANTIASTHMATIC AND BRONchodilator AGENTS</td>
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<tr>
<td>FORFIVO XL TAB</td>
<td>-</td>
<td>NC</td>
<td>ANTIDEPRESSANTS</td>
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<tr>
<td>FORTAMET TAB</td>
<td>-</td>
<td>NC</td>
<td>ANTIADIABETICS</td>
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<tr>
<td>FORTEO INJ</td>
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<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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<tr>
<td>FORTICAL NASAL SPRAY</td>
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<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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NC = Not Covered  
generic = small letters  
BRANDS = CAPITAL LETTERS

EXC = Exclusion  
INF = Infertility  
K MSP = Kroger Mandatory Specialty Pharmacy Program  
LMSP = Lumicera Mandatory Specialty Pharmacy Program  
M = Medical Benefit  
MSP = Mandatory Specialty Pharmacy Program  
PA = Prior Authorization  
PR = Preferred  
Q L = Quantity Limit  
RS = Restricted to Specialist  
SF = Step Therapy  
SMKG = Smoking Cessation  
SP = Available through Specialty Pharmacy Program

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<tbody>
<tr>
<td>FOSAMAX+D TAB</td>
<td>-</td>
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<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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<tr>
<td>fosamprenavir tab (LEXIVA equiv)</td>
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<td>FOSCARNET INJ</td>
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<td>M</td>
<td>ANTIVIRALS</td>
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<td>fosinopril tab (MONOPRIL equiv)</td>
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<td>ANTIHYPERTENSIVES</td>
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<td>fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)</td>
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<td>1</td>
<td>ANTIHYPERTENSIVES</td>
</tr>
<tr>
<td>FOSRENOL CHEW TAB</td>
<td>-</td>
<td>3</td>
<td>GASTROINTESTINAL AGENTS - MISC.</td>
</tr>
<tr>
<td>FOSRENOL POWDER PACK</td>
<td>-</td>
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<td>GASTROINTESTINAL AGENTS - MISC.</td>
</tr>
<tr>
<td>FRAGMIN INJ</td>
<td>-</td>
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<tr>
<td>FREESTYLE FREEDOM LITE METER</td>
<td>OTC</td>
<td>$0</td>
<td>MEDICAL DEVICES AND SUPPLIES</td>
</tr>
<tr>
<td>FREESTYLE INSULINX METER</td>
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<td>$0</td>
<td>MEDICAL DEVICES AND SUPPLIES</td>
</tr>
<tr>
<td>FREESTYLE INSULINX TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)</td>
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<td>DIAGNOSTIC PRODUCTS</td>
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<tr>
<td>FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)</td>
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<tr>
<td>FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)</td>
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<tr>
<td>FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)</td>
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<td>2</td>
<td>MEDICAL DEVICES AND SUPPLIES</td>
</tr>
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<td>FREESTYLE LITE METER</td>
<td>OTC</td>
<td>$0</td>
<td>MEDICAL DEVICES AND SUPPLIES</td>
</tr>
<tr>
<td>FREESTYLE LITE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)</td>
<td>OTC</td>
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<td>DIAGNOSTIC PRODUCTS</td>
</tr>
<tr>
<td>FREESTYLE PRECISION NEO METER</td>
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<td>$0</td>
<td>MEDICAL DEVICES AND SUPPLIES</td>
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<td>FREESTYLE PRECISION NEO TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)</td>
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<td>DIAGNOSTIC PRODUCTS</td>
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<tr>
<td>FREESTYLE TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)</td>
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<td>DIAGNOSTIC PRODUCTS</td>
</tr>
<tr>
<td>FROVA TAB</td>
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<td>MIGRAINE PRODUCTS</td>
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<td>frovatriptan tab (FROVA equiv)</td>
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<td>NC</td>
<td>MIGRAINE PRODUCTS</td>
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<td>FULPHILA INJ</td>
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<td>HEMATOPOIETIC AGENTS</td>
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<td>FURADANTIN SUSP</td>
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<td>FUROSEMIDE SOLN</td>
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<td>DIURETICS</td>
</tr>
<tr>
<td>furosemide soln (LASIX equiv)</td>
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<td>1</td>
<td>DIURETICS</td>
</tr>
<tr>
<td>furosemide tab (LASIX equiv)</td>
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<td>1</td>
<td>DIURETICS</td>
</tr>
<tr>
<td>FUZEON INJ</td>
<td>-</td>
<td>4</td>
<td>ANTIVIRALS</td>
</tr>
<tr>
<td>FYCOMPA TAB</td>
<td>-</td>
<td>NC</td>
<td>ANTICONVULSANTS</td>
</tr>
<tr>
<td>FYCOMPA SUSP</td>
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<td>NC</td>
<td>ANTICONVULSANTS</td>
</tr>
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<td>gabapentin cap (NEURONTIN equiv)</td>
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<tr>
<td>gabapentin soln (NEURONTIN equiv)</td>
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<td>ANTICONVULSANTS</td>
</tr>
<tr>
<td>gabapentin tab (NEURONTIN equiv)</td>
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<td>ANTICONVULSANTS</td>
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<tr>
<td>GABITRIL TAB</td>
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<td>ANTICONVULSANTS</td>
</tr>
<tr>
<td>GALAFOLD CAP</td>
<td>-</td>
<td>NC</td>
<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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<tr>
<td>galantamine ER cap (RAZADYNE ER equiv)</td>
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<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
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<tr>
<td>GALANTAMINE SOLN</td>
<td>-</td>
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<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
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<tr>
<td>galantamine tab (RAZADYNE equiv)</td>
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<tr>
<td>GALZIN CAP</td>
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<td>MINERALS &amp; ELECTROLYTES</td>
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<td>GAMASTAN INJ</td>
<td>M</td>
<td>M</td>
<td>PASSIVE IMMUNIZING AGENTS</td>
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<td>GAMMAGARD INJ</td>
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<td>M</td>
<td>PASSIVE IMMUNIZING AGENTS</td>
</tr>
<tr>
<td>GANCICLOVIR CAP</td>
<td>-</td>
<td>4</td>
<td>ANTIVIRALS</td>
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</table>

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<th>Category</th>
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<tr>
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<td>GASTROINTESTINAL AGENTS - MISC.</td>
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<tr>
<td>gatifloxacin ophth soln (ZYMAXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)</td>
<td>ST</td>
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<td>OPHTHALMIC AGENTS</td>
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<td>QL</td>
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<td>GAZYVA INJ</td>
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<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
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<td>GELCLAIR GEL</td>
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<td>MOUTH/THROAT/DENTAL AGENTS</td>
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<td>GELNIQUE</td>
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<td>URINARY ANTISPASMODICS</td>
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<td>gemfibrozil tab (LOPID equiv)</td>
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<td>ANTIHYPERLIPIDEMICS</td>
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<td>GEN77 LOTION</td>
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<tr>
<td>GEN77 PLUS LOTION</td>
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<td>DERMATOLOGICALS</td>
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<td>GEN77 PLUS PAD</td>
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<tr>
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<tr>
<td>gentamicin ophth soln (GARAMYCN equiv)</td>
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<td>gentamicin sulfate cream</td>
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<td>gentamicin sulfate oint</td>
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</tr>
<tr>
<td>GENVOYA TAB</td>
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<td>4</td>
<td>ANTVIRALS</td>
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<tr>
<td>GEODON CAP</td>
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<td>gianvi tab, ocella tab (YASMIN, YAZ equiv)</td>
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<td>GILENYA CAP (QL= 1 cap/day)</td>
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<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
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<tr>
<td>GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
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<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
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<tr>
<td>GILTUSS LIQUID</td>
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<td>COUGH/COLD/ALLERGY</td>
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<td>GILTUSS TR TAB</td>
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<tr>
<td>glatiramer inj (COPAXONE equiv)</td>
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<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
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<td>GLEEVEC TAB</td>
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<td>GLEOSTINE/LOMUSTINE CAP</td>
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<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
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<tr>
<td>glimepiride tab (AMARYL equiv)</td>
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<td>ANTDIABETICS</td>
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<td>glipizide ER tab (GLUCOTROL XL equiv)</td>
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<tr>
<td>glipizide tab (GLUCOTROL equiv)</td>
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<tr>
<td>glipizide/metformin tab (METAGLIP equiv)</td>
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<td>ANTDIABETICS</td>
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<tr>
<td>GLOPERBA SOLN</td>
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<td>GOUT AGENTS</td>
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<tr>
<td>GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)</td>
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<td>ANTDIABETICS</td>
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<td>GLUCAGEN INJ</td>
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<td>DIAGNOSTIC PRODUCTS</td>
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<td>GLUCAGON DIAGNOSTIC INJ</td>
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<td>GLUCAGON EMR INJ</td>
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<td>ANTDIABETICS</td>
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<td>GLUCAGON INJ KIT (QL= 2 inj/fill)</td>
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<td>GLUCOPHAGE TAB</td>
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<tr>
<td>GLUCOPHAGE XR TAB</td>
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<td>ANTDIABETICS</td>
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### Drug Name | Special Code | Tier | Category
---|---|---|---
GLUCOTROL TAB | - | 3 | ANTIDIABETICS
GLUCOTROL XL TAB | - | 3 | ANTIDIABETICS
GLUCOVANCE TAB | - | 3 | ANTIDIABETICS
GLUMETZA TAB 1000MG | - | NC | ANTIDIABETICS
GLUMETZA TAB 500MG | - | NC | ANTIDIABETICS
glyburide micronized tab (GLYNASE equiv) | - | 1 | ANTIDIABETICS
glyburide tab (MICRONASE equiv) | - | 1 | ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 | ANTIDIABETICS
GLYCYTATE TAB, GLYCOPRROLOLATE TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
glycopyrrolate tab (ROBINUL equiv) | - | 1 | ULCER DRUGS
GLYGEST PAK | - | NC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYNASE TAB | - | 3 | ANTIDIABETICS
GLYSET TAB | - | 3 | ANTIDIABETICS
GLYXAMB TAB | - | NC | ANTIDIABETICS
GOCOVRI CAP | - | NC | ANTIPARKINSON AGENTS
GOLYTELY PACKET | - | 1 | LAXATIVES
GOLYTELY SOLN | - | NC | LAXATIVES
GONAL-F RFF INJ | INF | NC | ENDOCRINE AND METABOLIC AGENTS - MISC.
GONITRO POWDER | - | NC | ANTIANGINAL AGENTS
GOPRELTO SOLN | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL
GORDON'S UREA OINT 40% | - | NC | DERMATOLOGICALS
GRALISE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill) | QL-SP | 4 | ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill) | QL-SP | 4 | ANTIEMETICS
GRANIX INJ | - | NC | HEMATOPOIETIC AGENTS
GRASTEK SL TAB | - | NC | BIOLOGICALS MISC
GRIFULVIN V TAB | - | 3 | ANTIFUNGALS
griseofulvin micro tab (GRIFULVIN V equiv) | - | 1 | ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv) | - | 1 | ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv) | - | 1 | ANTIFUNGALS
GRIS-PEG TAB | - | 3 | ANTIFUNGALS
GUAIFENSEN SYRUP | - | NC | COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv) | - | NC | COUGH/COLD/ALLERGY
guaifenesin/codeine soln (BRONTEX equiv) | OTC | 1 | COUGH/COLD/ALLERGY
GUAIFENSEN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY
GUANABENZ TAB | - | 3 | ANTIHYPERTENSIVES
guanfacine ER tab (INTUNIV equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXINTANS
GUANIDINE TAB | - | 3 | ANTIHYPERSENSIBLES
GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS
GYNAZOLE CREAM | - | NC | VAGINAL PRODUCTS
HAEGARDA INJ | - | NC | HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv) | - | NC | DERMATOLOGICALS

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BRANDS = CAPITAL LETTERS  
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LD = Limited Distribution  
MSP = Mandatory Specialty Pharmacy Program  
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SMKG = Smoking Cessation  
INF = Infertility  
K MSP = Kroger Mandatory Specialty Pharmacy Program  
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OTC = Over-the-Counter  
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<tbody>
<tr>
<td>HALCION TAB</td>
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<td>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</td>
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<tr>
<td>HALFLYTELY BOWEL PREP KIT</td>
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<td>NC</td>
<td>LAXATIVES</td>
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<tr>
<td>halobetasol propionate cream (ULTRAVATE equiv)</td>
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<td>DERMATOLOGICALS</td>
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<td>halobetasol propionate oint (ULTRAVATE equiv)</td>
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<tr>
<td>HALOG CREAM</td>
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<tr>
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<td>HUMIRA INJ PSORIASIS/IVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)</td>
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<td>HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)</td>
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NC = Not Covered  
generic = small letters  
BRANDS = CAPITAL LETTERS  
EXC = Plan Exclusion  
INF = Infertility  
KMS = Kroger Mandatory Specialty Pharmacy Program  
LD = Limited Distribution  
LMSP = Lumicera Mandatory Specialty Pharmacy Program  
MSP = Mandatory Specialty Pharmacy Program  
M = Medical Benefit  
PA = Prior Authorization  
OTC = Over-the-Counter  
PA = Prior Authorization  
QM = Quantity Limit  
RS = Restricted to Specialist  
PA = Prior Authorization  
SMKG = Smoking Cessation  
SP = Available through Specialty Pharmacy Program  
ST = Step Therapy

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<tr>
<td>IMDUR TAB</td>
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<tr>
<td>imipramine pamoate cap (TOFRANIL PM equiv)</td>
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<td>imipramine tab (TOFRANIL equiv)</td>
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<td>IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)</td>
<td>QL 3</td>
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<td>IMPLANON IMPLANT, NEXPLANON IMPLANT</td>
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<td>IMPOYZ CREAM</td>
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<td>IMVEXXY SUPP</td>
<td>-</td>
<td>NC VAGINAL PRODUCTS</td>
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<tr>
<td>INBRIJA INH POWDER</td>
<td>-</td>
<td>NC ANTIPARKINSON AND RELATED THERAPY AGENTS</td>
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<tr>
<td>INCIVEK TAB</td>
<td>MSP-PA-SF 4</td>
<td>4 ENDOCINIC AND METABOLIC AGENTS - MISC.</td>
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<td>indapamide tab (LOZOL equiv)</td>
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<tr>
<td>INGREZZA CAP (QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585)</td>
<td>LD-PA-QL 4</td>
<td>4 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
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<td>INGREZZA PACK 40-80MG</td>
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<tr>
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<td>ivermectin cream (SOOLANTRA equiv)</td>
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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.

## Alphabetical Index

**Last Updated 3/1/2020**

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<th>Category</th>
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<tr>
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<td>MARINOL CAP</td>
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<tr>
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<tr>
<td>MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)</td>
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<td>MAXITROL OPHTH OINT</td>
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<td>MAXZIDE TAB</td>
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<td>OTC-PA</td>
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<td>meclizine chew tab (BONINE equiv)</td>
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<tr>
<td>meclizine tab (ANTIVERT equiv)</td>
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<td>MECLOFENAMATE CAP</td>
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<td>MEDROL TAB</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEKINIST TAB 0.5MG (QL= 3 tabs/day)</td>
<td>KMSP-PA-QL</td>
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<td>MEKTOVI TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)</td>
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<td>MENTAX CREAM</td>
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<td>MEPERIDINE TAB (QL=120 tabs/30 days)</td>
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<th>Special Code</th>
<th>Tier</th>
<th>Category</th>
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<td>metformin ER tab (GLUCOPHAGE XR equiv)</td>
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Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. **Products listed may not be all inclusive and are subject to change.

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<td>NOVOLOG PENFILL INJ</td>
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<td>NOXAFIL SUSP</td>
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<td>NOXAFIL TAB</td>
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Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.
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<tr>
<th>Drug Name</th>
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<th>Tier</th>
<th>Category</th>
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<tr>
<td>NUCALA INJ (QL= 1 inj/28 days)</td>
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<td>NUZYRA TAB</td>
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<td>nystatin cream (MYCOSTATIN CREAM equiv)</td>
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<td>nystatin oint</td>
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<td>OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)</td>
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<td>OCUFLOX OPHTH SOLN</td>
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<td>ODEFSEY TAB (QL= 1 tab/day)</td>
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<td>ANTIHISTAMINES AND ADJUNCTIVE THERAPIES</td>
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<td>OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)</td>
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<td>OGESTREL TAB</td>
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<td>olanzapine ODT (ZYPREXA equiv)</td>
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<td>olanzapine tab (ZYPREXA equiv)</td>
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</table>

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Drug Name | Special Code | Tier | Category
---|---|---|---
olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLEPTRO TAB | - | 3 | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
OLLIZAC POWDER | - | NC | ANTIHYPERTENSIVES
olmesartan tab (BENICAR equiv) | - | 1 | ANTIHYPERTENSIVES
cloremartan/amldopine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) | - | 1 | ANTIHYPERTENSIVES
cloremartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 | ANTIHYPERTENSIVES
clopatadine nasal spray (POTANASE equiv) | - | 1 | ANTIHYPERTENSIVES
clopatadine ophth soln 0.1% (POTANOL equiv) | QL | 1 | ANTIHYPERTENSIVES
clopatadine ophth soln 0.2% (POTADAY equiv) (QL= 2.5ml/30 days) | - | NC | DERMATOLOGICALS
OLUMIANT TAB | - | NC | DERMATOLOGICALS
OLUX E FOAM | - | NC | ANTIHYPERLIPIDEMICS
OLUX FOAM | PA | 3 | ANTIHYPERLIPIDEMICS
OMEGA-3 RX PAK COMPLETE | - | 1 | OTIC AGENTS
omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 | ANTIHYPERLIPIDEMICS
omepazolone DR cap (PRILOSEC equiv) | - | 1 | ULCER DRUGS
omepazolone tab | OTC | NC | ULCER DRUGS/ANTISPASTIC/ANTICHOLINERGICS
omepazolone/sodium bicarbonate cap (ZEGRISE equiv) | - | NC | ULCER DRUGS
omepazolone/sodium bicarbonate powder pack (ZEGRISE equiv) | - | NC | ULCER DRUGS
OMNARIS NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNICEF SUSP | - | 3 | CEPHALOSPORINS
OMNIPAQUE SOLN | - | NC | DIAGNOSTIC PRODUCTS
OMNIPOD 5 PACK PODS | - | NC | MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS | - | NC | MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT | - | NC | MEDICAL DEVICES AND SUPPLIES
ondansetron ODT (ZOFRAN equiv) | - | NC | ANTIEMETICS
ondansetron soln (ZOFRAN equiv) | - | 1 | ANTIEMETICS
ONDANSETRON TAB | - | 1 | ANTIEMETICS
ondansetron tab (ZOFRAN equiv) | - | 1 | ANTIEMETICS
ONEXTON GEL | - | NC | DERMATOLOGICALS
ONFI SUSP | - | NC | ANTICONVULSANTS
ONFI TAB | PA | 3 | ANTICONVULSANTS
ONGLYZA TAB | - | NC | ANTIHYPERLIPIDEMICS
ONZETRA XSAIL | - | NC | MIGRAINE PRODUCTS
OPANA ER TAB | - | NC | ANTIHYPERLIPIDEMICS
OPANA ER TAB (CRUSH RESISTANT) | - | NC | ANTIHYPERLIPIDEMICS
OPANA tab | - | NC | ANTIHYPERLIPIDEMICS
opium tincture | - | NC | ANTIHYPERLIPIDEMICS
OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | 4 | CARDIOVASCULAR AGENTS - MISC.
OPTIVAR OPHTH SOLN | - | 3 | ANTIHYPERLIPIDEMICS
ORACIT SOLN | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB | - | NC | BIOLOGICALS MISC

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### Drug Name

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<td>ORENCIA CLICK INJ (QL= 4 inj/28 days)</td>
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<td>ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)</td>
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<td>ORKAMBI TAB (QL= 4 tabs/day)</td>
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<td>OVCON 35 TAB</td>
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### L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary Cont.

**Alphabetical Index**

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<td>OXYCONTIN CR TAB</td>
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<td>OXYIR CAP (QL=120 caps/30 days)</td>
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<td>PAMINE TAB</td>
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<tr>
<td>PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP</td>
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<td>NC</td>
<td>DIGESTIVE AIDS</td>
</tr>
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</table>

NC = Not Covered  generic = small letters  
EXC = Plan Exclusion  INF = Infertility  
LD = Limited Distribution  LMSP = Lumicera Mandatory Specialty Pharmacy Program  
MSP = Mandatory Specialty Pharmacy Program  OTC = Over-the-Counter  
QL = Quantity Limit  RS = Restricted to Specialist  
SMKG = Smoking Cessation  SP = Available through Specialty Pharmacy Program  
KMS = Kroger Mandatory Specialty Pharmacy Program  M = Medical Benefit  
PA = Prior Authorization  SF = Step Therapy  
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<td>PARAFON FORTE TAB</td>
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<td>PERCODAN TAB (QL=120 tabs/30 days) QL 3</td>
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<tr>
<td>PERIDEIX SOLN</td>
<td>-</td>
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<td>MOUTH/THROAT/DENTAL AGENTS</td>
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<tr>
<td>perindopril tab (ACEON equiv)</td>
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</tr>
<tr>
<td>permethrin cream (ELIMITE CREAM equiv)</td>
<td>-</td>
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<tr>
<td>perphenazine tab (TRILAFON equiv)</td>
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<tr>
<td>PERPHENAZINE/ AMITRIPTYLINE TAB</td>
<td>-</td>
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<tr>
<td>PERSANTINE TAB</td>
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<td>HEMATOLOGICAL AGENTS - MISC.</td>
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<tr>
<td>PEXEA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)</td>
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<td></td>
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<tr>
<td>PFIZER PEN G INJ</td>
<td>M</td>
<td>M</td>
<td>PENICILLINS</td>
</tr>
<tr>
<td>pfizerpen g inj (PFIZER PEN G equiv)</td>
<td>M</td>
<td>M</td>
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<tr>
<td>phenazopyridine tab (PYRIDIUM equiv)</td>
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</tr>
<tr>
<td>phenmetrazine tab</td>
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<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXNIANTS</td>
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<tr>
<td>phenelzine tab (NARDIL equiv)</td>
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<td>phenobarbital elixir</td>
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<td>phentermine cap (ADIXPEX equiv) (QL= 1 cap/day)</td>
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<td>phenylephrine ophth soln (MYDFRIN equiv)</td>
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<tr>
<td>phenyltoin cap (DILANTIN equiv)</td>
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<td>phenyltoin chew tab (DILANTIN equiv)</td>
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<td>phenyltoin susp (DILANTIN equiv)</td>
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<td>phlexy-10 tab</td>
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<td>PHOSLO CAP</td>
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<td>PHOTREXA OP KIT</td>
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<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
<th>Category</th>
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<tbody>
<tr>
<td>PHOTREXA VISCOUS OPHTH SOLN</td>
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<tr>
<td>PICATO GEL (QL= 1 box/fill)</td>
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<tr>
<td>PIFELTRO TAB (QL= 1 tab/day)</td>
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<td>ANTIVIRALS</td>
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<td>pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)</td>
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<td>pioglitazone tab (ACTOS equiv)</td>
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<td>pioglitazone/glimepiride tab (DUETACT equiv)</td>
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<td>PIQRAY TAB</td>
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<td>piroxicam cap (FELDENE equiv)</td>
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<td>PLAN B TAB</td>
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<td>CONTRACEPTIVES</td>
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<td>LAXATIVES</td>
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<td>PLETAL TAB</td>
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<td>PODOCON SOLN</td>
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<td>podofilox soln (CONDYLOX equiv)</td>
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<td>polyethylene glycol 3350 powder (MIRALAX equiv)</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
<th>Category</th>
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<tbody>
<tr>
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<td>POT/CHLORIDE EFFER TAB</td>
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<tr>
<td>POTABA POWDER PACKET</td>
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<td>VITAMINS</td>
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<tr>
<td>POTABA TAB</td>
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<td>VITAMINS</td>
</tr>
<tr>
<td>potassium bicarbonate effer tab (K-LYTE equiv)</td>
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<td>potassium chloride effer tab (K-LYTE/CL equiv)</td>
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<td>potassium chloride soln</td>
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<td>PRANDIMET TAB</td>
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<td>PRANDIN TAB</td>
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<th>Category</th>
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<td>prednisolone syrup (PRELONE equiv)</td>
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**NC = Not Covered**

**generic = small letters**

**EXC = Plan Exclusion**

**LD = Limited Distribution**

**MSP = Mandatory Specialty Pharmacy Program**

**QL = Quantity Limit**

**SMKG = Smoking Cessation**

**KMS = Kroger Mandatory Specialty Pharmacy Program**

**LMSP = Lumicera Mandatory Specialty Pharmacy Program**

**M = Medical Benefit**

**PA = Prior Authorization**

**RS = Restricted to Specialist**

**ST = Step Therapy**

**BRANDS = CAPITAL LETTERS**

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<td>ropinirole ER tab (REQUIP XL equiv)</td>
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<td>ROPIVICAIN/CLONIDINE/KETOROLAC INJ</td>
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<td>ROSADAN KIT</td>
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<td>ROSULA WASH</td>
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<td>ROXICODONE TAB (QL=120 tabs/30 days)</td>
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<td>ROZEREM TAB (QL= 1 tab/day)</td>
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<td>ROZLYTREK CAP</td>
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</tr>
<tr>
<td>RUBRACA TAB (QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779)</td>
<td>LD-PA-QL-SF</td>
<td>4</td>
<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
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<td>RUZURGI TAB (Only available through Diplomat Pharmacy 877-977-9118)</td>
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<td>SALAGEN TAB</td>
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<td>MOUTH/THROAT/DENTAL AGENTS</td>
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<td>salicyclic acid soln</td>
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<td>salicylic acid shampoo (SALEX equiv)</td>
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<td>scarcin gel (SCARCIN equiv)</td>
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<td>SCARCIN LIQUID ROLL-ON</td>
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<td>SEASONIQUE TAB</td>
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<tr>
<td>SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
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<td>SIKLOS TAB</td>
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<tr>
<td>SINGULAIR CHEW TAB</td>
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<td>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS</td>
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<td>NASAL AGENTS - SYSTEMIC AND TOPICAL</td>
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<tr>
<td>SIRTURO TAB</td>
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<td>ANTIMYCOBACTERIAL AGENTS</td>
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<td>SITAVIG TAB</td>
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<td>SITZMARKS CAP</td>
<td>-</td>
<td>NC</td>
<td>DIAGNOSTIC PRODUCTS</td>
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<td>SIVEXTO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)</td>
<td>QL-RS</td>
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<td>SKELAXIN TAB</td>
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<td>SKELID TAB</td>
<td>-</td>
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<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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<tr>
<td>SKLICE LOTION (QL= 1 tube/fill)</td>
<td>PA-QL</td>
<td>3</td>
<td>DERMATOLOGICALS</td>
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<tr>
<td>SKYRIZI INJ (QL= 2 inj/64 days)</td>
<td>LMSP-PA-QL</td>
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<td>DERMATOLOGICALS</td>
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<tr>
<td>SLO-NIACIN TAB</td>
<td>OTC</td>
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<td>VITAMINS</td>
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<td>SLYND TAB</td>
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<td>NC</td>
<td>CONTRACEPTIVES</td>
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<td>smz/tmp (DS) tab (BACTRIM DS equiv)</td>
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<td>smz/tmp susp (BACTRIM, SEPTRA equiv)</td>
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<td>sodium chloride 0.9% irr soln</td>
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<td>M</td>
<td>M</td>
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<td>sodium chloride neb soln (HYPER-SAL equiv)</td>
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<td>sodium citrate/citric acid soln (BICITRA equiv)</td>
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<td>MOUTH/THROAT/DENTAL AGENTS</td>
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<td>sodium fluoride gel (PREVIDENT equiv)</td>
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<td>sodium fluoride paste (PREVIDENT equiv)</td>
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<td>MINERALS &amp; ELECTROLYTES</td>
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<td>sodium phenylbutyrate powder (BUPHENYL equiv)</td>
<td>K MSP</td>
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<tr>
<td>sodium polystyrene powder (KAYEXALATE equiv)</td>
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<tr>
<td>sodium polystyrene susp (SPS equiv)</td>
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<td>ASSORTED CLASSES</td>
</tr>
<tr>
<td>sodium sulfacetamide gel (OVACE PLUS equiv)</td>
<td>-</td>
<td>1</td>
<td>DERMATOLOGICALS</td>
</tr>
<tr>
<td>sodium sulfacetamide lotion (KLARON equiv)</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>sodium sulfacetamide shampoo (OVACE equiv)</td>
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<tr>
<td>sodium sulfacetamide wash (OVACE WASH equiv)</td>
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<td>NC</td>
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</tr>
<tr>
<td>sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)</td>
<td>-</td>
<td>NC</td>
<td>DERMATOLOGICALS</td>
</tr>
<tr>
<td>SODIUM SULFACETAMIDE/SULFUR EMULSION</td>
<td>-</td>
<td>NC</td>
<td>DERMATOLOGICALS</td>
</tr>
<tr>
<td>sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)</td>
<td>-</td>
<td>NC</td>
<td>DERMATOLOGICALS</td>
</tr>
<tr>
<td>sodium sulfacetamide/sulfur emulsion (ROSULA equiv)</td>
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<td>NC</td>
<td>DERMATOLOGICALS</td>
</tr>
<tr>
<td>sodium sulfacetamide/sulfur 10-5%</td>
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<td>sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)</td>
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<tr>
<td>sodium sulfacetamide/sulfur gel (ROSULA equiv)</td>
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<td>DERMATOLOGICALS</td>
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<tr>
<td>SODIUM SULFACETAMIDE/SULFUR LOTION</td>
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<tr>
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<tr>
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<tr>
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<td>sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)</td>
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<tr>
<td>sodium sulfacetamide/urea pad (ROSULA equiv)</td>
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<tr>
<td>SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day)</td>
<td>KMSP-PA-QL</td>
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<td>ANTIVIRALS</td>
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<tr>
<td>SOLAICE PATCH</td>
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<td>SOLARAVIX PAK</td>
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<tr>
<td>SOLARAZE GEL (QL= 300gm/30 days)</td>
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<td>3</td>
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<tr>
<td>SOLARCAINE EXTRA GEL</td>
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<td>DERMATOLOGICALS</td>
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<tr>
<td>solifenacin tab (VESICARE equiv)</td>
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<td>URINARY ANTISPASMODICS</td>
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<td>SOLIOQUA INJ</td>
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<td>ANTIDIABETICS</td>
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<tr>
<td>SOLOYDYN TAB</td>
<td>-</td>
<td>NC</td>
<td>TETRACYCLINES</td>
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<tr>
<td>SOLOSEC GRANULES PACKET</td>
<td>-</td>
<td>NC</td>
<td>AMEBICIDES</td>
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<tr>
<td>SOMA TAB (QL=120 tabs/30 days)</td>
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<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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<tr>
<td>SOMAVER INJ (Only available through Walgreens 888-347-3416)</td>
<td>LD-PA</td>
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<tr>
<td>SOMNOTE CAP</td>
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<tr>
<td>SONATA CAP</td>
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<td>SPIRIVA HANDBALER (For use with HandiHaler device)</td>
<td>PA</td>
<td>3</td>
<td>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</td>
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</tbody>
</table>

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<td><strong>Alphabetical Index</strong></td>
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<td><strong>Last Updated 3/1/2020</strong></td>
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<td>SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step</td>
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<td>ANTIASTHMATIC AND BRONCHODILATOR</td>
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<td>Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL</td>
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<td>sporonolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)</td>
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<tr>
<td>SPORANOX CAP</td>
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<td>KMSP-PA-SF</td>
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<td>ANTEINEOPLASTICS AND ADJUNCTIVE</td>
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<td>SSKI SOLN</td>
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<td>VACCINES</td>
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<td>STARLIX TAB</td>
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<td>ANTIDIABETICS</td>
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<td>STEGLUJAN TAB</td>
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</tr>
<tr>
<td>STENDRA TAB (QL= 6 tabs/30 days)</td>
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<td>CARDIOVASCULAR AGENTS - MISC.</td>
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<tr>
<td>STIMATE NASAL SOLN</td>
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<td>ENDOCRINE AND METABOLIC AGENTS - MISC.</td>
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<td>ANTIASTHMATIC AND BRONCHODILATOR</td>
</tr>
<tr>
<td>STIVARGA TAB (QL= 4 tabs/day)</td>
<td>MSP-PA-QL-SF</td>
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<td>ANTEINEOPLASTICS AND ADJUNCTIVE</td>
</tr>
<tr>
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<td>LD-PA</td>
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<td>NOREXIANTS</td>
</tr>
<tr>
<td>STRIANT FILM</td>
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<td>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</td>
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<td>SUCRALFATE SUSP (CARAFATE equiv)</td>
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<td>ULCER DRUGS</td>
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<tr>
<td>sulfacetamide sodium ophth soln (BLEPH-10 equiv)</td>
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</tr>
</tbody>
</table>

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### Drug Name | Special Code | Tier | Category
---|---|---|---
Sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 | OPHTHALMIC AGENTS
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS
SULFADIAZINE TAB | - | 1 | SULFONAMIDES
SULFAMYLON CREAM | - | 2 | DERMATOLOGICALS
SULFAMYLON PACK | - | NC | DERMATOLOGICALS
Sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY
SUMADAN KIT | - | NC | DERMATOLOGICALS
SUMADEN XLT KIT | - | NC | DERMATOLOGICALS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS
SUMATRIPTAN INJ 50MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) | - | NC | MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) | - | NC | MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv) | - | NC | MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ | - | NC | MIGRAINE PRODUCTS
SUMAXIN PAD | - | NC | DERMATOLOGICALS
SUMAXIN TS SUSP | - | NC | DERMATOLOGICALS
SUMAXIN WASH | - | NC | DERMATOLOGICALS
SUNOSI TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
SUPRAX CAP | - | 3 | CEPHALOSPORINS
SUPRAX CHEW TAB | - | 3 | CEPHALOSPORINS
SUPRAX SUSP | - | 3 | CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML | - | 3 | CEPHALOSPORINS
SUPRAX TAB | - | 3 | CEPHALOSPORINS
SUPREP SOLN (Step Therapy requires trial of CLENPIQ) | ST | 3 | LAXATIVES
SURMONTIL CAP | - | 3 | ANTIDEPRESSANTS
SUSTIVA CAP | - | NC | ANTIVIRALS
SUSTIVA TAB | - | NC | ANTIVIRALS
SUSTOL INJ | - | NC | ANTIEMETICS
SUTENT CAP | - | K MSP-PA-SF | 4 | ANTIINEPLASTICS AND ADJUNCTIVE THERAPIES
SUTTAR SF SYRUP | - | 3 | COUGH/COLD/ALLERGY
SYLATRON INJ | - | NC | ANTINEPLASTICS AND ADJUNCTIVE THERAPIES
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SYMABX CAP | - | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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SYMDEKO TAB (QL= 2 tabs/day) | K MSP-PA-QL-SF | 4 | RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB (QL= 1 tab/day) | QL | 4 | ANTIVIRALS
SYMMEPI INJ (QL= 2 inj/fill) | QL | 1 | VASOPRESSORS
SYMLINPEF INJ | - | NC | ANTIDIEBETICS
SYMPAZAN ORAL FILM | - | NC | ANTICONVULSANTS
SYMPROIC TAB | - | PA | 2 | GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB | - | 4 | ANTIVIRALS
SYNAVIV NASAL SOLN | - | K MSP | 4 | ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDR MUSOLN | - | NC | ANTIEMETICS

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**Last Updated 3/1/2020**

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<td>tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)</td>
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<td>TAZORAC CREAM 0.05%</td>
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<td>TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 888-773-7376)</td>
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<td>TEKTURNA TAB</td>
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<tr>
<td>telmisartan/amlopidine tab (TWYNSTA equiv)</td>
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<td>telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)</td>
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NC = Not Covered
EXC = Plan Exclusion
LD = Limited Distribution
MSP = Mandatory Specialty Pharmacy Program
QL = Quantity Limit
SMKG = Smoking Cessation

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<tr>
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- **NC** = Not Covered
- **generic** = small letters
- **BRANDS** = CAPITAL LETTERS
- **EXC** = Plan Exclusion
- **LD** = Limited Distribution
- **MSP** = Mandatory Specialty Pharmacy Program
- **QL** = Quantity Limit
- **SMKG** = Smoking Cessation
- **INF** = Infertility
- **LMSP** = Lumicera Mandatory Specialty Pharmacy Program
- **OTC** = Over-the-Counter
- **PA** = Prior Authorization
- **RS** = Restricted to Specialist
- **SP** = Available through Specialty Pharmacy Program
- **K MSP** = Kroger Mandatory Specialty Pharmacy Program
- **M** = Medical Benefit
- **PA** = Prior Authorization
- **ST** = Step Therapy

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.
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<tr>
<td>ZOVIRAX OINT</td>
<td>-</td>
<td>NC</td>
<td>DERMATOLOGICALS</td>
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<tr>
<td>ZOVIRAX SUSP</td>
<td>-</td>
<td>3</td>
<td>ANTIVIRALS</td>
</tr>
<tr>
<td>ZOVIRAX TAB</td>
<td>-</td>
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<td>ANTIVIRALS</td>
</tr>
<tr>
<td>ZUBSOLV SL TAB</td>
<td>-</td>
<td>NC</td>
<td>ANALGESICS - OPIOID</td>
</tr>
<tr>
<td>ZULENZEZ FILM</td>
<td>-</td>
<td>NC</td>
<td>ANTIETIMETICS</td>
</tr>
<tr>
<td>ZURAMPIC TAB</td>
<td>-</td>
<td>NC</td>
<td>GOUT AGENTS</td>
</tr>
<tr>
<td>ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)</td>
<td>QL</td>
<td>3</td>
<td>COUGH/COLD/ALLERGY</td>
</tr>
<tr>
<td>ZYBAN TAB</td>
<td>SMKG</td>
<td>$0</td>
<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
</tr>
<tr>
<td>ZYCLARA CREAM</td>
<td>-</td>
<td>NC</td>
<td>DERMATOLOGICALS</td>
</tr>
<tr>
<td>ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)</td>
<td>LD-PA-SF</td>
<td>4</td>
<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
</tr>
<tr>
<td>ZYFLO CR TAB</td>
<td>-</td>
<td>NC</td>
<td>ANTIASTHOMATIC AND BRONCHODILATOR AGENTS</td>
</tr>
<tr>
<td>ZYFLO TAB</td>
<td>-</td>
<td>3</td>
<td>ANTIASTHOMATIC AND BRONCHODILATOR AGENTS</td>
</tr>
<tr>
<td>ZYKADIA CAP (QL= 3 caps/day)</td>
<td>KMSP-PA-QL-SF</td>
<td>4</td>
<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
</tr>
<tr>
<td>ZYKADIA TAB (QL= 3 tabs/day)</td>
<td>KMSP-PA-QL-SF</td>
<td>4</td>
<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
</tr>
<tr>
<td>ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))</td>
<td>QL</td>
<td>2</td>
<td>OPHTHALMIC AGENTS</td>
</tr>
<tr>
<td>ZYLOPRIM TAB</td>
<td>-</td>
<td>3</td>
<td>GOUT AGENTS</td>
</tr>
<tr>
<td>ZYMAXID OPHTH SOLN (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)</td>
<td>ST</td>
<td>3</td>
<td>OPHTHALMIC AGENTS</td>
</tr>
<tr>
<td>ZYPTAMAG TAB</td>
<td>-</td>
<td>NC</td>
<td>ANTIHYPERLIPIDEMICS</td>
</tr>
<tr>
<td>ZYPREXA TAB</td>
<td>-</td>
<td>3</td>
<td>ANTIPSYCHOTICS/ANTIMANIC AGENTS</td>
</tr>
<tr>
<td>ZYPREXA ZYDIS TAB</td>
<td>-</td>
<td>3</td>
<td>ANTIPSYCHOTICS/ANTIMANIC AGENTS</td>
</tr>
<tr>
<td>ZYTIGA TAB 250MG</td>
<td>-</td>
<td>NC</td>
<td>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
</tr>
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</table>

NC = Not Covered
generic = small letters
BRANDS = CAPITAL LETTERS
EXC = Plan Exclusion
LD = Limited Distribution
MSP = Mandatory Specialty Pharmacy Program
Q = Quantity Limit
SMKG = Smoking Cessation
INF = Infertility
LMSP = Lumicera Mandatory Specialty Pharmacy Program
OTC = Over-the-Counter
RS = Restricted to Specialist
SP = Available through Specialty Pharmacy Program
K MSP = Kroger Mandatory Specialty Pharmacy Program
M = Medical Benefit
PA = Prior Authorization
ST = Step Therapy
<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
<th>Category</th>
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</thead>
<tbody>
<tr>
<td>ZYTIGA TAB 500MG</td>
<td>-</td>
<td>NC</td>
<td>ANTI NEOPLASTICS AND ADJUNCTIVE THERAPIES</td>
</tr>
<tr>
<td>ZYVOX SUSP (Restricted to Infectious Disease Specialist)</td>
<td>RS</td>
<td>3</td>
<td>ANTI-INFECTIVE AGENTS - MISC.</td>
</tr>
<tr>
<td>ZYVOX TAB (Restricted to Infectious Disease Specialist)</td>
<td>RS</td>
<td>3</td>
<td>ANTI-INFECTIVE AGENTS - MISC.</td>
</tr>
</tbody>
</table>

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.
## L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

**Category/Class**

**Last Updated** 3/1/2020

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AMPHETAMINES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDERALL XR CAP</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>amphetamine/dextroamphetamine tab (ADDERALL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>dextroamphetamine ER cap (DEXEDRINE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>dextroamphetamine soln (PROCENTRA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>dextroamphetamine tab (DEXEDRINE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>VYVANSE CAP</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>VYVANSE CHEW TAB</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>ADDERALL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>DEXEDRINE CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ADZENYS ER SUSP, AMPHETAMINE ER SUSP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ADZENYS XR TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>amphetamine tab (EVEKEO equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>DESOXYN TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>EVEKEO ODT</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>EVEKEO TAB</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>methamphetamine tab (DESOXYN equiv)</td>
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<td>NC</td>
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<tr>
<td>MYDAYIS CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ZENZEDI TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>zenzedi tab 5mg (DEXEDRINE equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td><strong>ANALEPTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAFCIT INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>caffeine citrate soln (CAFCIT equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td><strong>ANOREXIANTS NON-AMPHETAMINE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>phentermine cap (ADIPEX equiv) (QL= 1 cap/day)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>phentermine tab (ADIPEX equiv) (QL= 1 tab/day)</td>
<td>PA-QL</td>
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<tr>
<td>ADIPEX-P CAP</td>
<td>PA-QL</td>
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</tr>
<tr>
<td>ADIPEX-P TAB</td>
<td>PA-QL</td>
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</tr>
<tr>
<td>QSYMIA CAP (QL= 1 cap/day)</td>
<td>PA-QL</td>
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</tr>
<tr>
<td>LOMAIRA TAB</td>
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</tr>
<tr>
<td>phenidimetrazine tab</td>
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<td>NC</td>
</tr>
<tr>
<td><strong>ANTI-OBESITY AGENTS</strong></td>
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<td></td>
</tr>
<tr>
<td>BELVIQ TAB (QL= 2 tabs/day)</td>
<td>PA-QL</td>
<td>2</td>
</tr>
<tr>
<td>BELVIQ XR TAB (QL= 1 tab/day)</td>
<td>PA-QL</td>
<td>2</td>
</tr>
<tr>
<td>CONTRAVE TAB (QL= 4 tabs/day)</td>
<td>PA-QL</td>
<td>2</td>
</tr>
<tr>
<td><strong>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</strong></td>
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<tr>
<td>atomoxetine cap (STRATTERA equiv)</td>
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<tr>
<td>guanfacine ER tab (INTUNIV equiv)</td>
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<tr>
<td>INTUNIV TAB</td>
<td>-</td>
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<tr>
<td>clonidine ER tab (KAPVAY equiv)</td>
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<tr>
<td>KAPVAY TAB</td>
<td>-</td>
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</tr>
<tr>
<td>STRATTERA CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td><strong>DOPAMINE AND NOREPIINEPHRINE REUPTAKE INHIBITORS (DNRIS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUNOSI TAB</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| EXC | Plan Exclusion | INF | infertility |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| SMKG | Smoking Cessation | RS | Restricted to Specialist |
| | | SP | Available through Specialty Pharmacy Program |

**BRANDS**

| KMSM | Kroger Mandatory Specialty Pharmacy Program |
| M | Medical Benefit |
| PA | Prior Authorization |
| SF | Limited to two 15 day fills per month for first 3 months |

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
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<td>WAKIX TAB</td>
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**STIMULANTS - MISC.**

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<tr>
<th>DrugName</th>
<th>Special Code</th>
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<tbody>
<tr>
<td>armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)</td>
<td>PA-QL</td>
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<tr>
<td>dexmethylphenidate ER cap (FOCALIN XR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>dexmethylphenidate tab (FOCALIN equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>methylphenidate CD cap (METADATE CD equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>methylphenidate chew tab (METHYLIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>methylphenidate ER cap (RITALIN LA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>methylphenidate ER tab</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>methylphenidate soln (METHYLIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>methylphenidate tab (RITALIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>METHYLIN SOLN</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>METHYLPHENIDATE ER TAB</td>
<td>-</td>
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</tr>
<tr>
<td>CONCERTA TAB, RITALIN SR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>DAYTRANA PATCH</td>
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</tr>
<tr>
<td>FOCALIN TAB</td>
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<tr>
<td>FOCALIN XR CAP</td>
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<tr>
<td>METADATE CD CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>METHYLIN CHEW TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NUVIGIL TAB (QL= 1 tab/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>PROVIGIL TAB (QL= 2 tabs/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>RITALIN LA CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>RITALIN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>COTEMPLA XR ODT</td>
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<tr>
<td>METHYLPHENIDATE ER TAB 72MG</td>
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<tr>
<td>QUILLIVANT XR SUSP</td>
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**ALLERGENIC EXTRACTS/BIOLOGICALS MISC**

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<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ODACTRA SL TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PALFORZIA POWDER PACK</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PALFORZIA SPRINKLE CAP</td>
<td>-</td>
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**ALTERNATIVE MEDICINES**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>RESERVAPAK SYRUP</td>
<td>-</td>
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**AMEBICIDES**

<table>
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<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>YODOXIN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SOLOSEC GRANULES PACKET</td>
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**AMINOGLYCOSIDES**

<table>
<thead>
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<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>neomycin tab</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>PAROMOMYCIN CAP</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>paromomycin cap (HUMATIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

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# L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
## Category/Class
### Last Updated* 3/1/2020

### AMINOGLYCOSIDES Cont.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>TOBI PODHALER</td>
<td>KMSP-PA</td>
<td>4</td>
</tr>
<tr>
<td>tobramycin neb soln (TOBI equiv)</td>
<td>KMSP-RS</td>
<td>4</td>
</tr>
<tr>
<td>amikacin inj (KANAMYCIN equiv)</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>KANAMYCIN INJ</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>ARIKAYCE SUSP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>BETHKIS NEB SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>KITABIS PAK NEB SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TOBI NEB SOLN</td>
<td>-</td>
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### ANALGESICS - ANTI-INFLAMMATORY

#### ANTIRHEUMATIC - ENZYME INHIBITORS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>RINVOQ ER TAB (QL= 1 tab/day)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>XELJANZ TAB (QL= 2 tabs/day)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>XELJANZ XR TAB (QL= 1 tab/day)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>OLUMIANT TAB</td>
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#### ANTIRHEUMATIC ANTIMETABOLITES

<table>
<thead>
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<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>RHEUMATREX TAB</td>
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#### ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

<table>
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<tr>
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<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUMIRA INJ 10MG (QL= 2 syringes/28 days)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>HUMIRA INJ 20MG (QL= 2 syringes/28 days)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>HUMIRA INJ 40MG (QL= 2 syringes/28 days)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>SIMPONI.ARIA INJ</td>
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<td>NC</td>
</tr>
<tr>
<td>SIMPONI SC INJ</td>
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#### GOLD COMPOUNDS

<table>
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<tr>
<th>Drug Name</th>
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<th>Tier</th>
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<tbody>
<tr>
<td>RIDAURA CAP</td>
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#### INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)

<table>
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<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
</tbody>
</table>

#### INTERLEUKIN-6 RECEPTOR INHIBITORS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>ACTEMRA SC INJ (QL= 2 inj/28 days)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>KEVZARA INJ (QL= 2 inj/28 days)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
</tbody>
</table>

#### NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>celecoxib cap (CELEBREX equiv) (QL= 2 caps/day)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>diclofenac potassium tab (CATAFLEM equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>diclofenac sodium EC tab (VOLTAREN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>diclofenac sodium XR tab (VOLTAREN XR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>diclofenac misoprostol DR tab (ARTHROTEC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>etodolac cap (LODINE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>etodolac ER tab (LODINE XL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

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### ANALGESICS - ANTI-INFLAMMATORY Cont.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ibuprofen tab</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ibuprofen tab (Rx covered Only)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>indomethacin cap (INDOCIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>indomethacin CR cap (INDOCIN SR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>meloxicam tab (MOBIC equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>nabumetone tab (RELAFEN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>naproxen EC tab (NAPROSYN EC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>naproxen tab (NAPROSYN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>oxaprozin tab (DAYPRO equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>piroxicam cap (FELDENE equiv)</td>
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</tr>
<tr>
<td>sulindac tab (CLINORIL equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>ARTHROTEC TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CATAFLAM TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CELEBREX CAP (QL= 2 caps/day)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>CLINORIL TAB</td>
<td>-</td>
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<td>DAYPRO TAB</td>
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<td>3</td>
</tr>
<tr>
<td>FELDENE CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>KETOPROFEN ER CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>MELOXICAM SUSP</td>
<td>-</td>
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<tr>
<td>MOBIC TAB</td>
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</tr>
<tr>
<td>MOTRIN SUSP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NAPROSYN EC TAB</td>
<td>-</td>
<td>3</td>
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<tr>
<td>NAPROSYN TAB</td>
<td>-</td>
<td>3</td>
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<tr>
<td>TOLMETIN TAB</td>
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<td>3</td>
</tr>
<tr>
<td>VOLTAREN TAB</td>
<td>-</td>
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<td>VOLTAREN XR TAB</td>
<td>-</td>
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<tr>
<td>ANAPROX TAB</td>
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<tr>
<td>DUEXIS TAB</td>
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<td>fenoprofen calcium tab</td>
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<tr>
<td>IBU 600-EZS KIT</td>
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<td>NC</td>
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<tr>
<td>INDOCIN SUPP</td>
<td>-</td>
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<tr>
<td>INDOCIN SUSP</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>INDOMETHACIN CAP, TIVORBEX CAP</td>
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<td>INFLATHERM PAK</td>
<td>-</td>
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</tr>
<tr>
<td>KETOPROFEN CAP</td>
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</tr>
<tr>
<td>ketoprofen cap (ORUDIS equiv)</td>
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<tr>
<td>KETOROLAC INJ</td>
<td>-</td>
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</tr>
<tr>
<td>ketorolac inj (TORADOL equiv)</td>
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<td>NC</td>
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<tr>
<td>KETOROLAC TROMETHAMINE NASAL SPRAY, SPRIX NASAL SPRAY</td>
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</tr>
<tr>
<td>MECLOFENAMATE CAP</td>
<td>-</td>
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<tr>
<td>mefenamic acid cap (PONSTEL equiv)</td>
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</tr>
<tr>
<td>MELOXICAM COMFORT KIT</td>
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<tr>
<td>NAPRELAN CR TAB</td>
<td>-</td>
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<tr>
<td>NAPROSYN SUSP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>naproxen sodium CR tab (NAPRELAN CR equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>naproxen sodium tab (ANAPROX equiv)</td>
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<td>NAPROXEN SUSP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>naproxen susp (NAPROSYN equiv)</td>
<td>-</td>
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<tr>
<td>PONSTEL CAP</td>
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<td>NC</td>
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<tr>
<td>QMIIZ ODT TAB</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>RELAFEN DS TAB</td>
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<tr>
<td>TOLMETIN CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>tolmetin cap (TOLECTIN DS equiv)</td>
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<tr>
<td>VIMOVO TAB</td>
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<td>NC</td>
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<tr>
<td>VIVLODEX CAP</td>
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<td>NC</td>
</tr>
<tr>
<td>YBUPHEN TAB</td>
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<td>NC</td>
</tr>
<tr>
<td>ZIPSOR CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ZORVOLEX CAP</td>
<td>-</td>
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<td>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</td>
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<tr>
<td>OTEZLA STARTER PACK (QL = 1 pack/28 days)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>OTEZLA TAB (QL = 2 tabs/day)</td>
<td>LMSP-PA-QL</td>
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</tr>
<tr>
<td>PYRIMIDINE SYNTHESIS INHIBITORS</td>
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<td>leflunomide tab (ARAVA equiv)</td>
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<td>ARAVA TAB</td>
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<tr>
<td>SELECTIVE COSTIMULATION MODULATORS</td>
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<tr>
<td>ORENCIA CLICK INJ (QL = 4 inj/28 days)</td>
<td>LMSP-PA-QL</td>
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</tr>
<tr>
<td>ORENCIA SC INJ 125MG/ML (QL = 4 inj/28 days)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>ORENCIA SC INJ 50MG/0.4ML (QL = 4 inj/28 days)</td>
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</tr>
<tr>
<td>ORENCIA SC INJ 87.5MG/0.7ML (QL = 4 inj/28 days)</td>
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<tr>
<td>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</td>
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<tr>
<td>ENBREL INJ 25MG (QL = 8 inj/28 days)</td>
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<td>4</td>
</tr>
<tr>
<td>ENBREL INJ 50MG (QL = 4 inj/28 days)</td>
<td>LMSP-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>ENBREL MINI INJ (QL = 4 inj/28 days)</td>
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<td>4</td>
</tr>
<tr>
<td>ENBREL SURECLICK INJ 50MG (QL = 4 inj/28 days)</td>
<td>LMSP-PA-QL</td>
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<tr>
<td>ANALGESICS - NONNARCOTIC</td>
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<tr>
<td>ANALGESIC COMBINATIONS</td>
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<td>ALLZITAL TAB</td>
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<tr>
<td>BUTALBITAL/ACETAMINOPHEN CAP</td>
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</tr>
<tr>
<td>butalbital/acetaminophen/caffeine soln</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>butalbital/acetaminophen/caffeine tab (FIORICET equiv)</td>
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<td>NC</td>
</tr>
<tr>
<td>BUTALBITAL/ASPIRIN/CAFFEINE TAB</td>
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<td>NC</td>
</tr>
<tr>
<td>DOLGIC PLUS TAB</td>
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<tr>
<td>ESIGIC TAB</td>
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<td>-</td>
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</tr>
<tr>
<td>SALICYLATES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>aspirin chew tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>aspirin ec tab 325mg (Covered for males age 45-79 and females age 55-79)</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>aspirin ec tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>aspirin tab 325mg (Covered for males age 45-79 and females age 55-79)</td>
<td>OTC</td>
<td>$0</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>aspirin tab 81mg (Covered for males age 45-79; Covered for females (no age restriction) )</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>CHOLINE MAGNESIUM TRISALICYLATE TAB</td>
<td>-</td>
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</tr>
<tr>
<td>choline magnesium trisalicylate tab (TRILISATE equiv)</td>
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</tr>
<tr>
<td>salsalate tab (DISALCID equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>ZORPRIN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>diflunisal tab (DOLOBID equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

### ANALGESICS - NONNARCOTIC Cont.

#### OPIOID AGONISTS

- codeine sulfate tab 60mg (QL=180 tabs/30 days)
- codeine sulfate tablet 15mg, 30mg (QL= 240 tabs/30 days)
- fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)
- fentanyl patch (DURAGESIC equiv) (QL=10 patches/30 days)
- hydromorphone tab 2mg (DILAUDID equiv) (QL= 240 tabs/30 days)
- hydromorphone tab 4mg (DILAUDID equiv) (QL=180 tabs/30 days)
- hydromorphone tab 8mg (DILAUDID equiv) (QL=120 tabs/30 days)
- MEPERIDINE TAB (QL=120 tabs/30 days)
- meperidine tab (DEMEROL equiv) (QL=120 tabs/30 days)
- methadone conc (QL=600ml/30 days)
- METHADONE SOLN 10MG/5ML (QL=600ml/30 days)
- methadone soln 5mg/5ml (QL=1200ml/30 days)
- methadone tab (DOLOPHINE equiv) (QL=120 tabs/30 days)
- methadone tab 10mg (DOLOPHINE equiv) (QL= 240 tabs/30 days)
- morphine sulfate ER tab (MS CONTIN equiv) (QL= 90 tabs/ 30 days)
- morphine sulfate soln (QL=120ml/30 days)
- morphine sulfate tab (QL=180 tabs/30 days)
- oxycodone cap (OXYIR equiv) (QL=120 caps/30 days)
- oxycodone soln (ROXICODONE equiv) (QL=240ml/30 days)
- oxycodone tab (ROXICODONE equiv) (QL=120 tabs/30 days)
- tramadol ER tab (ULTRAM ER equiv) (QL= 30 tabs/30 days)
- tramadol tab (ULTRAM equiv) (QL= 240 tabs/30 days)
- XTAMPZA ER CAP (QL= 120 caps/30 days)
- ABSTRAL SL TAB (QL= 120 tabs/30 days)
- ACTIQ LOZENGE (QL= 120 units/30 days)
- AVINZA CAP (QL= 2 caps/day)
- DAZIDOX TAB (QL=120 tabs/30 days)
- DEMEROL TAB (QL=120 tabs/30 days)
- DILAUDID TAB 2MG (QL= 240 tabs/30 days)
- DILAUDID TAB 4MG (QL=180 tabs/30 days)
- DILAUDID TAB 8MG (QL=120 tabs/30 days)
- DOLOPHINE TAB (QL=120 tabs/30 days)
- DURAGESIC PATCH (QL=10 patches/30 days)
- FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)
- LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)
- METHADOSE CONC (QL=600ml/30 days)
- MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)
- NUCYNTA TAB (QL= 180 caps/30 days)

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---

**EXC** = Plan Exclusion  
**LD** = Limited Distribution  
**MSP** = Mandatory Specialty Pharmacy Program  
**QL** = Quantity Limit  
**SMKG** = Smoking Cessation  
**generic** = small letters  
**KA** = mandatory caps

**BRANDS** = CAPITAL LETTERS
- **KMS** = Kroger Mandatory Specialty Pharmacy Program
- **M** = Medical Benefit
- **PA** = Prior Authorization
- **ST** = Step Therapy

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# ANALGESICS - OPIOID Cont.

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROXICODONE TAB (QL=120 tabs/30 days)</td>
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<tr>
<td>ULTRAM TAB (QL= 240 tabs/30 days)</td>
<td>QL</td>
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<td>ARYMO ER TAB</td>
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<tr>
<td>CODEINE SULFATE SOLN</td>
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<td>NC</td>
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<tr>
<td>DSUVIA SL TAB</td>
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<td>NC</td>
</tr>
<tr>
<td>EMBEDA CAP</td>
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<td>NC</td>
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<tr>
<td>EXALGO TAB</td>
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<tr>
<td>fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)</td>
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<td>hydrocodone bitartrate ER cap (ZOHYDRO equiv)</td>
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<tr>
<td>hydromorphone ER tab (EXALGO equiv)</td>
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</tr>
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<td>HYDROMORPHONE SUPP</td>
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<td>HYSINGLA ER TAB</td>
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<td>KADIAN CAP</td>
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<tr>
<td>LEVORPHANOL TAB</td>
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<td>levorphanol tab (LEVORPHANOL equiv)</td>
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<td>methadose tab</td>
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<tr>
<td>MORPHABOND TAB</td>
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<tr>
<td>morphine sulfate ER cap (KADIAN equiv)</td>
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<td>morphine sulfate supp</td>
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<td>NUCYNTA ER TAB</td>
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<td>OPANA ER TAB</td>
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<td>OPANA ER TAB (CRUSH RESISTANT)</td>
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<td>oxycodone conc (ROXICODONE equiv)</td>
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<td>OXYCODONE ER TAB, OXYCONTIN CR TAB</td>
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<td>OXYCONTIN CR TAB</td>
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<td>OXYIR CAP (QL=120 caps/30 days)</td>
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<td>oxymorphone tab (OPANA equiv)</td>
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<td>RYBIX ODT</td>
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<tr>
<td>TRAMADOL ER CAP</td>
<td></td>
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</tr>
<tr>
<td>TRAMADOL HCL TAB 100MG</td>
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<tr>
<td>ULTRAM ER TAB</td>
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<tr>
<td>ZOHYDRO ER CAP</td>
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## OPIOID COMBINATIONS

<table>
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<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>acetaminophen/codeine soln (QL=240ml/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL=180 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL=1800ml/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>hydrocodone/acetaminophen tab (LORTAB equiv) (QL=120 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL=120 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>hydrocodone/buprofen tab (VICOPROFEN equiv) (QL=120 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>oxycodone/acetaminophen tab (PERCOCET equiv) (QL=120 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>OXYCODONE/ASPIRIN TAB (QL=120 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>oxycodone/aspirin tab (PERCODAN equiv) (QL=120 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>tramadol/acetaminophen tab (ULTRACET equiv) (QL=240 tabs/30 days)</td>
<td>QL</td>
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</tr>
<tr>
<td>CAPITAL/CODEINE SUSP (QL=240ml/30 days)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>HYCET SOLN (QL=1800ml/30 days)</td>
<td>QL</td>
<td>3</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>LORTAB  (QL=120 tabs/30 days)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>LORTAB ELIXIR (QL=1800ml/30 days)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>PERCOCET TAB (QL=120 tabs/30 days)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>PERCODAN TAB (QL=120 tabs/30 days)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>TYLENOL/CODEINE TAB (QL=180 tabs/30 days)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>acetaminophen/codeine/dihydrocodeine tab (PANLOR SS equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>APADAZ TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>aspirin/codeine tab</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>DVORAH TAB, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FIORICET/CAFFEINE CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FIORINAL/CAFFEINE CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>hydrocodone/acetaminophen cap (LORCET equiv)</td>
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</tr>
<tr>
<td>hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)</td>
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</tr>
<tr>
<td>hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)</td>
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<td>NC</td>
</tr>
<tr>
<td>hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)</td>
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<tr>
<td>oxycodone/acetaminophen cap (TYLOX equiv)</td>
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</tr>
<tr>
<td>OXYCODONE/ACETAMINOPHEN SOLN</td>
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</tr>
<tr>
<td>oxycodone/acetaminophen tab 2.5-300mg (NALOCET equiv)</td>
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</tr>
<tr>
<td>oxycodone/ibuprofen tab (COMBUNOX equiv)</td>
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</tr>
<tr>
<td>pentazocine/acetaminophen tab (TALACEN equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PRIMELEV TAB</td>
<td>-</td>
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<tr>
<td>REPREXAIN TAB</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>ROXICET SOLN</td>
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<tr>
<td>TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP</td>
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<tr>
<td>ULTRacet TAB</td>
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<tr>
<td>VERDROCET TAB 2.5MG-325MG</td>
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</tr>
<tr>
<td>VICOPROFEN TAB</td>
<td>-</td>
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<tr>
<td>XARTEMIS XR TAB</td>
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<td>NC</td>
</tr>
<tr>
<td>XODOL TAB 10MG-300MG</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>XODOL TAB 5MG-300MG</td>
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<td>NC</td>
</tr>
<tr>
<td>XODOL TAB 7.5MG-300MG</td>
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**OPIOID PARTIAL AGONISTS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>buprenorphine SL tab (SUBUTEX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>buprenorphine/naloxone sl film (SUBOXONE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>buprenorphine/naloxone SL tab (SUBOXONE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>BUPRENORPHINE PATCH, BUTRANS PATCH (QL= 4 patches/28 days)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>BUTRANS PATCH (QL= 4 patches/28 days)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>SUBOXONE SL FILM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>BELBUCA FILM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>BUNAVAIL FILM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>pentazocine/naloxone tab (TALWIN NX equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SUBLOCADE INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ZUBSOLV SL TAB</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

**ANDROGENS-ANABOLIC**

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## ANDROGENS-ANABOLIC Cont.

### ANABOLIC STEROIDS

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<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxandrolone tab (OXANDRIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ANADROL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>OXANDRIN TAB</td>
<td>-</td>
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### ANDROGENS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>danazol cap (DANOCRINE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>testosterone cypionate inj (DEPO-TESTOSTERONE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>ANDRODERM PATCH (QL= 1 patch/day)</td>
<td>PA-QL</td>
<td>2</td>
</tr>
<tr>
<td>ANDROXY TAB</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)</td>
<td>PA-QL</td>
<td>2</td>
</tr>
<tr>
<td>TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day)</td>
<td>PA-QL</td>
<td>2</td>
</tr>
<tr>
<td>TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)</td>
<td>PA-QL</td>
<td>2</td>
</tr>
<tr>
<td>ANDROGEL 1% 25MG (QL= 1 packet/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>ANDROGEL PUMP 1% (QL= 4 bottles/30 days)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>ANDROID CAP, TESTRED CAP</td>
<td>PA</td>
<td>3</td>
</tr>
<tr>
<td>AXIRON SOLN (QL= 2 bottles/30 days)</td>
<td>PA-QL</td>
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</tr>
<tr>
<td>DEPO-TESTOSTERONE INJ</td>
<td>-</td>
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<tr>
<td>METHTEST TAB</td>
<td>PA</td>
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</tr>
<tr>
<td>METHYLTESTOSTERONE CAP</td>
<td>PA</td>
<td>3</td>
</tr>
<tr>
<td>TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>VOGELXO PUMP (QL= 4 bottles/30 days)</td>
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<tr>
<td>JATENZO CAP</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>STRIANT FILM</td>
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<td>NC</td>
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<tr>
<td>XYOSTED INJ</td>
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### ANORECTAL AGENTS

### INTRARECTAL STEROIDS

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<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocortisone enema (CORTENEMA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>CORTENEMA</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>UCERIS RECTAL FOAM</td>
<td>PA</td>
<td>3</td>
</tr>
<tr>
<td>CORTIFOAM</td>
<td>-</td>
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### RECTAL COMBINATIONS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>lidocaine/hydrocortisone cream (ANAMANTLE equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>PROCTOFOMO HC FOAM</td>
<td>-</td>
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</table>

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### ANORECTAL AGENTS Cont.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANALPRAM-E KIT</td>
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<tr>
<td>ANALPRAM-HC CREAM</td>
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</tr>
<tr>
<td>LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT</td>
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<td>NC</td>
</tr>
<tr>
<td>pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv)</td>
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<td>PROCORT CREAM</td>
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#### RECTAL STEROIDS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>proctosol HC cream (ANUSOL HC equiv)</td>
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<tr>
<td>ANUSOL-HC CREAM</td>
<td>-</td>
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<tr>
<td>ANUSOL-HC SUPP</td>
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<td>hydrocortisone supp (ANUSOL HC equiv)</td>
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#### VASODILATING AGENTS

<table>
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#### ANTHELMINTICS

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<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>albendazole tab (ALBENZA equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>ivermectin tab (STROMECTOL equiv)</td>
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</tr>
<tr>
<td>mebendazole chew tab (VERMOX equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>praziquantel tab (BILTRICIDE equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>BENZNIDAZOLE TAB</td>
<td>PA</td>
<td>2</td>
</tr>
<tr>
<td>EMVERM TAB</td>
<td>PA</td>
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<tr>
<td>ALBENZA TAB</td>
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</tr>
<tr>
<td>BILTRICIDE TAB</td>
<td>-</td>
<td>3</td>
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<tr>
<td>STROMECTOL TAB</td>
<td>-</td>
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<tr>
<td>EGATEN TAB</td>
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#### ANTIANGINAL AGENTS

<table>
<thead>
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<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ranolazine tab (RANEXA equiv)</td>
<td>-</td>
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<td>RANEXA TAB</td>
<td>-</td>
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#### NITRATES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>isosorbide dinitrate ER tab (ISOCHRON equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>isosorbide dinitrate SL tab</td>
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</tr>
<tr>
<td>isosorbide dinitrate tab (ISORDIL equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>isosorbide dinitrate tab 40mg (ISORDIL equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>isosorbide mononitrate ER tab (IMDUR equiv)</td>
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</tr>
<tr>
<td>isosorbide mononitrate tab (MONOKET equiv)</td>
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</tr>
<tr>
<td>nitroglycerin lingual spray (NITROLINGUAL equiv)</td>
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</tr>
<tr>
<td>nitroglycerin patch (NITRO-DUR equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>nitroglycerin SL tab (NITROSTAT equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>NITRO-BID OINT</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>DILATRATE SR CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>IMDUR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ISORDIL TITRADOSE TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NITRO-DUR PATCH</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NITROLINGUAL PUMP SPRAY</td>
<td>-</td>
<td>3</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTIANGINAL AGENTS Cont.</strong></td>
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<tr>
<td>NITROSTAT SL TAB</td>
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<tr>
<td>GONITRO POWDER</td>
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<td>ISOSORBIDE DINITRATE ER TAB</td>
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<tr>
<td>NITROGLYCERIN ER CAP</td>
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<tr>
<td>buspirone tab (BUSPAR equiv)</td>
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<tr>
<td>hydroxyzine pamoate cap (VISTARIL equiv)</td>
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<tr>
<td>HYDROXYZINE PAMOATE CAP 100MG</td>
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<tr>
<td>hydroxyzine syrup (ATARAX equiv)</td>
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<tr>
<td>hydroxyzine tab (ATARAX equiv)</td>
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<td>BUSPAR TAB</td>
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<td>VISTARIL CAP</td>
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<td>buspirone tab 30mg (BUSPAR equiv)</td>
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<td>meprobamate tab (MILTOWN equiv)</td>
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<td><strong>BENZODIAZEPINES</strong></td>
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<tr>
<td>alprazolam tab (XANAX equiv) (QL= 5 tabs/day)</td>
<td>QL</td>
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<tr>
<td>chlordiazepoxide cap (LIBRIUM equiv)</td>
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<tr>
<td>diazepam conc (VALIUM equiv) (QL= 180ml/30 days)</td>
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<tr>
<td>diazepam tab 5mg (VALIUM equiv) (QL= 3 tabs/day)</td>
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<td>lorazepam tab (ATIVAN equiv)</td>
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<td>ATIVAN TAB</td>
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<td>LIBRIUM CAP</td>
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<tr>
<td>VALIUM TAB 2MG, 10MG (QL= 4 tabs/day)</td>
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<tr>
<td>VALIUM TAB 5MG (QL= 3 tabs/day)</td>
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<tr>
<td>XANAX TAB (QL= 5 tabs/day)</td>
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<tr>
<td>alprazolam ER tab (XANAX XR equiv)</td>
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<tr>
<td>alprazolam ODT (NIRAVAM equiv)</td>
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<tr>
<td>clorazepate tab (TRANXENE-T equiv)</td>
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<tr>
<td>NIRAVAM ODT</td>
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<td>NC</td>
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<td>TRANXENE-T TAB</td>
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<td>XANAX XR TAB</td>
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<tr>
<td>disopyramide cap (NORPACE equiv)</td>
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<tr>
<td>quinidine gluconate CR tab</td>
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<td>quinidine sulfate tab</td>
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<tr>
<td>NORPACE CAP</td>
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<tr>
<td>QUINIDINE SULFATE ER TAB</td>
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<tr>
<td>disopyramide ER cap (NORPACE CR equiv)</td>
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<tr>
<td>NORPACE CR CAP</td>
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*Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.*
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**ANTIARRHYTHMICS Cont.**

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<td>flecainide cap (TAMBOCOR equiv)</td>
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<td>propafenone ER cap (RYTHMOL SR equiv)</td>
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<td>propafenone cap (RYTHMOL equiv)</td>
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<td>RYTHMOL SR cap</td>
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<td>RYTHMOL TAB</td>
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<td>TAMBOCOR TAB</td>
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<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>amiodarone cap (CORDARONE equiv)</td>
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<tr>
<td>dofetilide cap (TIKOSYN equiv)</td>
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</tr>
<tr>
<td>MULTAQ cap</td>
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<tr>
<td>CORDARONE cap</td>
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<td>TIKOSYN cap</td>
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<td>Pacerone 200mg</td>
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**ANTIARRHYTHMICS TYPE I-C**

**ANTIARRHYTHMICS TYPE III**

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<td>amiodarone cap (CORDARONE equiv)</td>
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</tr>
<tr>
<td>dofetilide cap (TIKOSYN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>MULTAQ cap</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>CORDARONE cap</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>TIKOSYN cap</td>
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<tr>
<td>Pacerone 200mg</td>
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**ANTIASCYTOMATIC AND BRONCHODILATOR AGENTS**

**ANTIASCYTOMATIC - MONOCLONAL ANTIBODIES**

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<thead>
<tr>
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<tbody>
<tr>
<td>FASENRA PEN INJ (QL= 1 inj/56 days)</td>
<td>KMSP-PA-QL 4</td>
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<tr>
<td>NUCLAIR INJ (QL= 1 inj/28 days)</td>
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**ANTI-INFLAMMATORY AGENTS**

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<td>cromolyn nebul soln (INTAL equiv)</td>
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**BRONCHODILATORS - ANTICHOLINERGICS**

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<tr>
<td>ipratropium nebul soln (ATROVENT equiv)</td>
<td>- 1</td>
</tr>
<tr>
<td>ATROVENT HFA INHALER</td>
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</tr>
<tr>
<td>INCURS ELLIPTA INHALER</td>
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</tr>
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**SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL)**

<table>
<thead>
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<tbody>
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<td>SPIRIVA HANDIHALE</td>
<td>PA 3</td>
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<tr>
<td>SPIRIVA RESPIMAT INHALER 2.5MCG/ACT</td>
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**LONGHALA MAGNAIR SOLN**

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<tbody>
<tr>
<td>SEEBRI NEOHALER CAP</td>
<td>- NC</td>
</tr>
<tr>
<td>TUDORZA PRESSAIR INHALER</td>
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</tr>
<tr>
<td>YUPELRI SOLN</td>
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**LEUKOTRIENE MODULATORS**

<table>
<thead>
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<tbody>
<tr>
<td>montelukast chew tab (SINGULAR equiv)</td>
<td>- 1</td>
</tr>
<tr>
<td>montelukast granule pack (SINGULAR equiv)</td>
<td>- 1</td>
</tr>
<tr>
<td>montelukast tab (SINGULAR equiv)</td>
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</tr>
<tr>
<td>zafirlukast tab (ACCOLATE equiv)</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOLATE TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>SINGULAR CHEW TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>SINGULAR GRANULE PACK</td>
<td>- 3</td>
</tr>
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<td>SINGULAR TAB</td>
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</table>

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### Antihistamines and Bronchodilator Agents Cont.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>ZYFLO TAB</td>
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<tr>
<td>zileuton ER tab (ZYFLO CR equiv)</td>
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<tr>
<td>ZYFLO CR TAB</td>
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### Selective Phosphodiesterase 4 (PDE4) Inhibitors

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### Steroid Inhalants

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<td>budesonide inh susp (PULMICORT equiv)</td>
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<td>ARNUITY ELLIPTA INHALER</td>
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</tr>
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<td>ASMANEX HFA INHALER</td>
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<tr>
<td>ASMANEX INHALER</td>
<td>-</td>
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<tr>
<td>FLOVENT DISKUS INHALER</td>
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<td>PULMICORT INH SUSP</td>
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<td>ALVESCO INHALER</td>
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### Sympathomimetics

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<td>albuterol neb soln</td>
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<td>albuterol sulfate ER tab (VOSPIRE ER equiv)</td>
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<td>albuterol sulfate tab</td>
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<tr>
<td>albuterol/ipratropium neb soln (DUONEB equiv)</td>
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<td>FLUTICASONE/SALMETEROL INHALER</td>
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<td>levobutaline sulfate soln (BRETHINE equiv)</td>
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<td>ADVAIR HFA INHALER</td>
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<td>TRELEGY ELLIPTA INHALER</td>
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<tr>
<td>VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)</td>
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<td>ACCUNEB NEB SOLN</td>
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<td>BROVANA NEB SOLN</td>
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<td>DUONEB NEB SOLN</td>
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<tr>
<td>LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)</td>
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<th>Special Code</th>
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<td>ALBUTEROL TAB ER</td>
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<td>COUMARIN ANTICOAGULANTS</td>
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<td>ELIQUIX TAB, ELIQUIX STARTER PACK</td>
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<td>enoxaparin inj (LOVENOX equiv) (QL= 17 days supply)</td>
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<td>fondaparinux inj (ARIXTRA equiv)</td>
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<td>FRAGMIN INJ</td>
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<td>heparin porcine inj</td>
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<td>AMPA GLUTAMATE RECEPTOR ANTAGONANTS</td>
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## ANTICONVULSANTS Cont.

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### ANTICONVULSANTS - BENZODIAZEPINES

- Clobazam tab (ONFI equiv) - PA 1
- Clonazepam ODT (KLONOPIN equiv) - 1
- Clonazepam tab (KLONOPIN equiv) - 1
- Diazepam Rectal Gel, Diazepam Rectal Gel (QL= 5 inj/30 days) - QL 2
- Klonopin Tab - 3
- Clobazam susp (ONFI equiv) - NC
- Nayzilam spray - NC
- ONFI susp - NC
- SympaZan oral film - NC
- Valtoco liquid - NC
- Valtoco spray - NC

### ANTICONVULSANTS - MISC.

- Carbamazepine chew tab (TEGRETOL equiv) - 1
- Carbamazepine ER cap (CARBATROL equiv) - 1
- Carbamazepine ER tab (TEGRETOL XR equiv) - 1
- Carbamazepine susp (TEGRETOL equiv) - 1
- Carbamazepine susp (TEGRETOL equiv) - 1
- Gabapentin cap (NEURONTIN equiv) - 1
- Gabapentin soln (NEURONTIN equiv) - 1
- Gabapentin tab (NEURONTIN equiv) - 1
- Lamotrigine chew tab (LAMICTAL equiv) - 1
- Lamotrigine ER tab (LAMICTAL XR equiv) - 1
- Lamotrigine ODT (LAMICTAL equiv) - 1
- Lamotrigine ODT kit (LAMICTAL ODT KIT equiv) - 1
- Lamotrigine tab (LAMICTAL equiv) - 1
- Levetiracetam ER tab (KEPPRA XR equiv) - 1
- Levetiracetam soln (KEPPRA equiv) - 1
- Levetiracetam tab (KEPPRA equiv) - 1
- Oxcarbazepine susp (TRILEPTAL equiv) - 1
- Oxcarbazepine susp (TRILEPTAL equiv) - 1
- Pregabalin cap (LYRICA equiv) - 1
- Pregabalin soln (LYRICA equiv) - 1
- Primidone tab (MYSOLINE equiv) - 1
- Topiramate sprinkle cap (TOPAMAX equiv) - 1
- Topiramate tab (TOPAMAX equiv) - 1
- Zonisamide cap (ZONEGRAN equiv) - 1
- Banzel susp - PA 2
- BANZEL TAB - PA 2
- Lamictal chew tab 2mg - 2
- Vimpat soln - 2
- VIMPAT TAB (QL= 2 tabs/day) - QL 2
- Carbatrol cap - 3

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<td>LAMICTAL CHEW TAB</td>
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<td>LAMICTAL ODT</td>
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<td>LAMICTAL ODT KIT, LAMICTAL XR KIT</td>
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<td>ZONEGRAN CAP</td>
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<td>DIACOMIT CAP (Only available through US Bioservices 888-518-7246)</td>
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<td>DIACOMIT POWDER PACK (Only available through US Bioservices 888-518-7246)</td>
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<td>APTIOM TAB</td>
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<td>BRIVIACT SOLN 10MG/ML</td>
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<td>EPIDIOLEX SOLN</td>
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<td>LYRICA SOLN</td>
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<td>OXTELLAR XR TAB</td>
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<tr>
<td>POTIGA TAB</td>
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<td>POTIGA TAB 50MG</td>
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<tr>
<td>QUDEXY XR CAP, TOPIRAMATE ER CAP</td>
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<td>SPRITAM TAB</td>
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<tr>
<td>TROKENDI XR CAP</td>
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### CARBAMATES

- felbamate susp (FELBATOL equiv) - NC - 1
- felbamate tab (FELBATOL equiv) - NC - 1
- FELBATOL SUSP - NC - 3
- FELBATOL TAB - NC - 3

### GABA MODULATORS

- tiagabine tab (GABITRIL equiv) - NC - 1
- GABITRIL TAB - NC - 3
- vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416) - LD-PA - 4

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<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416)</td>
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<td>SABRIL POWDER PACK</td>
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**HYDANTOINS**

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<td>phenytoin cap (DILANTIN equiv)</td>
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<td>phenytoin susp (DILANTIN equiv)</td>
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<td>DILANTIN CAP 30MG</td>
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<td>DILANTIN CAP 100MG</td>
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<tr>
<td>DILANTIN INFATABS</td>
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<td>DILANTIN SUSP</td>
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**SUCCINIMIDES**

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<tr>
<td>ethosuximide cap (ZARONTIN equiv)</td>
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<td>ethosuximide soln (ZARONTIN equiv)</td>
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<td>CELONTIN CAP</td>
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<tr>
<td>ZARONTIN CAP</td>
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<td>ZARONTIN SOLN</td>
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**VALPROIC ACID**

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<td>divalproex sodium DR tab (DEPAKOTE equiv)</td>
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<td>divalproex sprinkle cap (DEPAKOTE equiv)</td>
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<tr>
<td>valproic acid cap (DEPAKENE equiv)</td>
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<td>valproic acid syrup (DEPAKENE equiv)</td>
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<td>DEPAKENE CAP</td>
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<td>STAVZOR CAP</td>
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**ANTIDEPRESSANTS**

**ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

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**ANTIDEPRESSANTS - MISC.**

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<tr>
<td>bupropion tab (WELLBUTRIN equiv)</td>
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</tr>
<tr>
<td>bupropion XL tab (WELLBUTRIN XL equiv)</td>
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<tr>
<td>MAPROTLINE TAB</td>
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<tr>
<td>WELLBUTRIN SR TAB</td>
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<td>WELLBUTRIN TAB</td>
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<tr>
<td>WELLBUTRIN XL TAB</td>
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<td>APLENZIN TAB</td>
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<td><strong>MONOAMINE OXIDASE INHIBITORS (MAOIS)</strong></td>
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<td>phenelzine tab (NARDIL equiv)</td>
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<td>PAXIL TAB</td>
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<td>PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)</td>
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<td><strong>SEROTONIN MODULATORS</strong></td>
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<td>NEFAZODONE TAB</td>
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<td>nefazodone tab 50mg, 250mg</td>
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</tbody>
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<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>trazodone tab (DESYREL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>OLEPTRO TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>TRINTELLIX TAB (QL= 1 tab/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>trazodone tab 300mg (DESYREL equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>VIBRYD STARTER KIT</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>VIBRYD TAB</td>
<td>-</td>
<td>NC</td>
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### SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<table>
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<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>desvenlafaxine ER tab (PRISTIQ equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>duloxetine EC cap (CYMBALTA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>venlafaxine ER cap (EFFEXOR XR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>venlafaxine tab (EFFEXOR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>EFFEXOR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>EFFEXOR XR CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>FETZIMA CAP (QL= 1 cap/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>FETZIMA TITRATION PACK (QL= 1 cap/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>PRISTIQ TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CYMBALTA CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>DESVENLAFAXINE ER TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>DRIZALMA DR CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>duloxetine cap 40mg (IRENKA equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>KHEDEZLA ER TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>venlafaxine ER tab</td>
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### TRICYCLIC AGENTS

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<tr>
<td>amitriptyline tab (ELAVIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>AMOXAPINE TAB</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>clomipramine cap (ANAFRANIL equiv)</td>
<td>-</td>
<td>1</td>
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<tr>
<td>desipramine tab (NORPRAMIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>doxepin cap (SINEQUAN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>doxepin conc (SINEQUAN equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>imipramine pamoate cap (TOFRANIL PM equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>imipramine tab (TOFRANIL equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>nortriptyline cap (PAMELOR equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>nortriptyline oral soln (NORTRIPTYLINE equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>NORTRIPTYLINE SOLN</td>
<td>-</td>
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<tr>
<td>protriptyline tab (VIVACTIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>trimipramine cap (SURMONTIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ANAFRANIL CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NORPRAMIN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>PAMELOR CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SURMONTIL CAP</td>
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</tr>
<tr>
<td>TOFRANIL PM CAP</td>
<td>-</td>
<td>3</td>
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<td>TOFRANIL TAB</td>
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<tr>
<td>VIVACTIL TAB</td>
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## ALPHA-GLUCOSIDASE INHIBITORS

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<tbody>
<tr>
<td>acarbose tab (PRECOSE equiv)</td>
<td>-</td>
<td>1</td>
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</table>

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### L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
#### Category/Class
**Last Updated** 3/1/2020

<table>
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<tr>
<th>DrugName</th>
<th>Special Code</th>
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<tbody>
<tr>
<td>miglitol tab (GLYSET equiv)</td>
<td>-</td>
<td>1</td>
</tr>
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<td>GLYSET TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>PRECOSÉ TAB</td>
<td>-</td>
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### ANTIDIABETICS Cont.

**ANTIDIABETIC - AMYLIN ANALOGS**

SYMLINPEN INJ | - | NC |

**ANTIDIABETIC COMBINATIONS**

- glibizide/metformin tab (METAGLIP equiv) | - | 1 |
- glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 |
- ALOGLIPTIN-METFORMIN TAB (QL= 2 tabs/day) | QL | 2 |
- ALOGLIPTIN-PIOGLITAZONE TAB (QL= 1 tab/day) | QL | 2 |
- AVANDAMET TAB | - | 2 |
- AVANDARYL TAB | - | 2 |
- JANUMET TAB (QL= 2 tabs/day) | QL | 2 |
- JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 |
- SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 |
- SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 |
- SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 |
- ACTOPLUS MET XR TAB | - | 3 |
- GLUCOVANCE TAB | - | 3 |
- METAGLIP TAB | - | 3 |
- ACTOPLUS MET TAB | - | NC |
- DUETACT TAB | - | NC |
- GLYXAMBI TAB | - | NC |
- INVOKAMET TAB | - | NC |
- INVOKAMET XR TAB | - | NC |
- JENTADUETO TAB | - | NC |
- JENTADUETO XR TAB | - | NC |
- KAZANO TAB | - | NC |
- KOMBIGLYZE XR TAB | - | NC |
- OSENI TAB | - | NC |
- pioglitazone/glimepiride tab (DUETACT equiv) | - | NC |
- pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | NC |
- PRANDIMET TAB | - | NC |
- QTERN TAB | - | NC |
- REPAGLINIDE TAB | - | NC |
- SEGLUROMET TAB | - | NC |
- SOLIQUA INJ | - | NC |
- STEGLUJAN TAB | - | NC |
- XIGDUO XR TAB 2.5-1000MG, 5-1000MG | - | NC |
- XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | - | NC |
- XULTOPHY INJ | - | NC |

**BIGUANIDES**

- metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 |
- metformin tab (GLUCOPHAGE equiv) | - | 1 |
- GLUCOPHAGE TAB | - | 3 |
- GLUCOPHAGE XR TAB | - | 3 |

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**Category/Class**

**Last Updated** 3/1/2020

#### ANTIDIABETICS Cont.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>RIOMET SOLN, METFORMIN SOLN</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>FORTAMET TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>GLUMETZA TAB 1000MG</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>GLUMETZA TAB 500MG</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>Metformin ER osmotic tab (FORTAMET equiv)</td>
<td>-</td>
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<tr>
<td>RIOMET ER SUSP</td>
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#### DIABETIC OTHER

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<tbody>
<tr>
<td>BAGSIMI NASAL POWDER (QL= 2 inhalations/fill)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>GLUCAGON INJ KIT (QL= 2 inj/fill)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>GVOKE PFS INJ (QL= 2 inj/fill)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>PROGLYCEM SUSP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>KORLYM TAB (Only available through Korylm SPARK program 855-4Korlym (855-456-7596))</td>
<td>LD-PA</td>
<td>4</td>
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<tr>
<td>GLUCAGON EMR INJ</td>
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#### Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

<table>
<thead>
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<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>ALOGLIPTIN TAB (QL= 1 tab/day)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>JANUVIA TAB (QL= 1 tab/day)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>NESINA TAB</td>
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<tr>
<td>ONGLYZA TAB</td>
<td>-</td>
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</tr>
<tr>
<td>TRADJENTA TAB</td>
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#### Dopamine Receptor Agonists - Antidiabetic

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
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<tbody>
<tr>
<td>CYCLOSET TAB</td>
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#### Incretin Mimetic Agents (GLP-1 receptor agonists)

<table>
<thead>
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<th>Drug Name</th>
<th>Special Code</th>
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<tbody>
<tr>
<td>BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days)</td>
<td>QL</td>
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</tr>
<tr>
<td>BYDUREON INJ (QL= 4 inj/28 days)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>BYDUREON PEN INJ (QL= 4 inj/28 days)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>OZEMPIC INJ (QL= 1 pack/28 days)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>TRULICITY INJ (QL= 4 pens/28 days)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>VICTOZA INJ (QL= 9ml/30 days)</td>
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<td>2</td>
</tr>
<tr>
<td>BYETTA INJ (QL= 1 pen/30 days)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>ADLYXIN INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>RYBELSUS TAB</td>
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<td>TANZEUM INJ</td>
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#### INSULIN

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<tr>
<td>BASAGLAR INJ</td>
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</tr>
<tr>
<td>FIASP FLEXTOUCH INJ</td>
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<tr>
<td>FIASP INJ</td>
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</tr>
<tr>
<td>FIASP PENFILL INJ</td>
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</tr>
<tr>
<td>HUMULIN R INJ U-500</td>
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<td>HUMULIN R U-500 KWIKPEN INJ</td>
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<tr>
<td>NOVOLIN 70/30 FLEXPEN INJ</td>
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<tr>
<td>NOVOLIN INJ</td>
<td>OTC</td>
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<tr>
<td>NOVOLIN N FLEXPEN INJ</td>
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<td>NOVOLIN R FLEXPEN INJ</td>
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<td>NOVOLOG FLEXPEN INJ</td>
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<td>NOVOLOG INJ</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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<tbody>
<tr>
<td>NOVOLOG MIX FLEXPEN INJ</td>
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<tr>
<td>NOVOLOG PENFILL INJ</td>
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</tr>
<tr>
<td>ADMELOG INJ, INSULIN LISPRO INJ (Step Therapy requires trial of NOVOLOG)</td>
<td>ST</td>
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<tr>
<td>ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (Step Therapy requires trial of NOVOLOG)</td>
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</tr>
<tr>
<td>APIDRA INJ (Step Therapy requires trial of NOVOLOG)</td>
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<td>APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG)</td>
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<tr>
<td>HUMALOG MIX INJ (Step Therapy requires trial of NOVOLOG)</td>
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<td>INSULIN ASPART PENFILL INJ (NOVOLOG equiv)</td>
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<td>LANTUS INJ</td>
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<tr>
<td><strong>INSULIN SENSITIZING AGENTS</strong></td>
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<td>ACTOS TAB</td>
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<tr>
<td><strong>MEGLITINIDE ANALOGUES</strong></td>
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<td>nateglinide tab (STARLIX equiv)</td>
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<tr>
<td>repaglinide tab (PRANDIN equiv)</td>
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<td>PRANDIN TAB</td>
<td>-</td>
<td>3</td>
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<tr>
<td>STARLIX TAB</td>
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<tr>
<td><strong>SODIUM-GlUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</strong></td>
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<tr>
<td>JARDIANCE TAB (QL= 1 tab/day)</td>
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</tr>
<tr>
<td>STEGLATRO TAB (QL= 1 tab/day)</td>
<td>QL</td>
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</tr>
<tr>
<td>FARXIGA TAB</td>
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<tr>
<td>INVOKANA TAB</td>
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<td>CHLORPROPAMIDE TAB</td>
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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>chloropropamide tab (DIABINESE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>glimepiride tab (AMARYL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>glipizide ER tab (GLUCOTROL XL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>glipizide tab (GLUCOTROL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>glyburide micronized tab (GLYNASE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>glyburide tab (MICRONASE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>tolazamide tab (TOLINASE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>TOLBUTAMIDE TAB</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>AMARYL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>DIIABETA TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>GLUCOTROL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>GLUCOTROL XL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>GLYNASE TAB</td>
<td>-</td>
<td>3</td>
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**ANTIDIARRHEALS**

**ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS**

<table>
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<tr>
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<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>MYTESI TAB</td>
<td>-</td>
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**ANTIDIARRHEAL AGENTS - MISC.**

<table>
<thead>
<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>REZYST CHEW TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>VSL #3 CAP</td>
<td>-</td>
<td>NC</td>
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**ANTIDIARRHEAL COMBINATIONS**

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<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>EVIVO LIQUID</td>
<td>-</td>
<td>NC</td>
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</tbody>
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**ANTIPERISTALTIC AGENTS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>diphenoxylate/atropine liquid (LOMOTIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>diphenoxylate/atropine tab (LOMOTIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>LOMOTIL LIQUID</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LOMOTIL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>MOTOFEN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>loperamide cap</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>opium tincture</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PAREGORIC TINCTURE</td>
<td>-</td>
<td>NC</td>
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**ANTIDOTES**

**ANTIDOTES**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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<tbody>
<tr>
<td>VISTOGARD PAK</td>
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**ANTIDOTES - CHELATING AGENTS**

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<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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</thead>
<tbody>
<tr>
<td>CHEMET CAP</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)</td>
<td>LD-PA</td>
<td>4</td>
</tr>
<tr>
<td>FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071)</td>
<td>LD-PA</td>
<td>4</td>
</tr>
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**OPIOID ANTAGONISTS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>naloxone inj</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>naltrexone tab (REVIA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>REVIA TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>EVZIO INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>VIVITROL INJ</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

**ANTIDOTES AND SPECIFIC ANTAGONISTS**

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### L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
#### Category/Class
Last Updated* 3/1/2020

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>deferasirox tab (EXJADE equiv)</td>
<td>LMSP</td>
<td>4</td>
</tr>
<tr>
<td>deferasirox tab 90mg, 360mg (JADENU equiv)</td>
<td>KMSP</td>
<td>4</td>
</tr>
<tr>
<td>JADENU SPRINKLE</td>
<td>KMSP</td>
<td>4</td>
</tr>
<tr>
<td>JADENU TAB 180MG</td>
<td>KMSP</td>
<td>4</td>
</tr>
<tr>
<td>EXJADE TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>JADENU TAB 90MG, 360MG</td>
<td>-</td>
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### ANTIDOTES AND SPECIFIC ANTAGONISTS

#### Category/Class

#### ONTIDOTES AND SPECIFIC ANTAGONISTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>CETYLEV TAB</td>
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### OPIOID ANTAGONISTS

<table>
<thead>
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<tr>
<td>NALOXONE PREFILLED INJ</td>
<td>$0</td>
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<tr>
<td>NARCAN NASAL SPRAY</td>
<td>2</td>
</tr>
<tr>
<td>EVZIO INJ</td>
<td>-</td>
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### ANTIEMETICS

#### 5-HT3 RECEPTOR ANTAGONISTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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</thead>
<tbody>
<tr>
<td>ondansetron ODT (ZOFRAN equiv)</td>
<td>-</td>
</tr>
<tr>
<td>ondansetron soln (ZOFRAN equiv)</td>
<td>-</td>
</tr>
</tbody>
</table>

#### ANTIEMETICS - ANTICHOLINERGIC

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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</thead>
<tbody>
<tr>
<td>maldemar tab (SCOPACE equiv)</td>
<td>-</td>
</tr>
<tr>
<td>meclizine chew tab (BONINE equiv)</td>
<td>OTC</td>
</tr>
<tr>
<td>meclizine tab (ANTIVERT equiv)</td>
<td>OTC</td>
</tr>
</tbody>
</table>

### SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

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---

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>aperpitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)</td>
<td>QL-RS</td>
<td>1</td>
</tr>
<tr>
<td>aperpitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)</td>
<td>QL-RS</td>
<td>1</td>
</tr>
<tr>
<td>VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)</td>
<td>QL-RS</td>
<td>2</td>
</tr>
<tr>
<td>EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)</td>
<td>QL-RS</td>
<td>3</td>
</tr>
<tr>
<td>EMEND SUSP</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

**ANTIEMETICS Cont.**

**ANTIEMETICS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>aprepitant cap (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)</td>
<td>QL-RS</td>
<td>1</td>
</tr>
<tr>
<td>aprepitant pak (EMEND equiv) (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)</td>
<td>QL-RS</td>
<td>1</td>
</tr>
<tr>
<td>VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)</td>
<td>QL-RS</td>
<td>2</td>
</tr>
<tr>
<td>EMEND PAK (QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist)</td>
<td>QL-RS</td>
<td>3</td>
</tr>
<tr>
<td>EMEND SUSP</td>
<td>-</td>
<td>NC</td>
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**ANTIFUNGALS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>flucytosine cap (ANCOBON equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>griseofulvin micro tab (GRIFULVIN V equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>griseofulvin susp (GRIFULVIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>griseofulvin tab (GRIS-PEG equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>nystatin powder</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>nystatin tab</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>terbinafine tab (LAMISIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ANCOBON CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>GRIFULVIN V TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>GRIS-PEG TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LAMISIL TAB</td>
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**IMIDAZOLE-RELATED ANTIFUNGALS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>fluconazole susp (DIFLUCAN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>fluconazole tab (DIFLUCAN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>itraconazole cap (SPORANOX equiv)</td>
<td>PA</td>
<td>1</td>
</tr>
<tr>
<td>itraconazole soln (SPORANOX equiv)</td>
<td>PA</td>
<td>1</td>
</tr>
<tr>
<td>ketoconazole tab (NIZORAL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>posaconazole DR tab (NOXAFIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)</td>
<td>RS</td>
<td>1</td>
</tr>
<tr>
<td>voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)</td>
<td>RS</td>
<td>1</td>
</tr>
<tr>
<td>NOXAFIL SUSP</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>DIFLUCAN SUSP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>DIFLUCAN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NOXAFIL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SPORANOX CAP</td>
<td>PA</td>
<td>3</td>
</tr>
<tr>
<td>SPORANOX SOLN</td>
<td>PA</td>
<td>3</td>
</tr>
<tr>
<td>VFEND SUSP (Restricted to Infectious Disease Specialist)</td>
<td>RS</td>
<td>3</td>
</tr>
<tr>
<td>VFEND TAB (Restricted to Infectious Disease Specialist)</td>
<td>RS</td>
<td>3</td>
</tr>
<tr>
<td>CRESEMBA CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TOLSURA CAP</td>
<td>-</td>
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</table>

**ANTIHYSTAMINES**

**ANTIHYSTAMINES - ALKYLAMINES**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>chlorpheniramine ER cap</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>CPM CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>RYCLORA SYRUP, DEXCHLORPHENIRAMINE SYRUP</td>
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**ANTIHYSTAMINES - ETHANOLAMINES**

<table>
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<th>Special Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>CARBINOXAMINE SOLN</td>
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</tr>
<tr>
<td>carboxinamxine soln (PALGIC equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>carboxinamxine tab (PALGIC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

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<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td><strong>ANTIHISTAMINES Cont.</strong></td>
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<tr>
<td>clemastine syrup (TAVIST equiv)</td>
<td></td>
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</tr>
<tr>
<td>diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)</td>
<td></td>
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</tr>
<tr>
<td>PALGIC SOLN</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PALGIC TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>diphenhydramine inj (BENADRYL equiv)</td>
<td></td>
<td>M</td>
</tr>
<tr>
<td>CLEMASTINE TAB</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>clemastine tab (TAVIST equiv)</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>KARBINAL ER SUSP</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>RYVENT TAB</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td><strong>ANTIHISTAMINES - NON-SEDATING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALLEGRA ODT</td>
<td>OTC</td>
<td>EXC</td>
</tr>
<tr>
<td>CLARINEX REDITAB</td>
<td></td>
<td>EXC</td>
</tr>
<tr>
<td>CLARINEX SYRUP</td>
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<td>EXC</td>
</tr>
<tr>
<td>CLARINEX TAB</td>
<td></td>
<td>EXC</td>
</tr>
<tr>
<td>DESLORATADINE ODT</td>
<td></td>
<td>EXC</td>
</tr>
<tr>
<td>desloratadine tab (CLARINEX equiv)</td>
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<td>EXC</td>
</tr>
<tr>
<td>loratadine cap (CLARITIN equiv)</td>
<td>OTC</td>
<td>EXC</td>
</tr>
<tr>
<td>levocetirizine soln (XYZAL equiv)</td>
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<td>NC</td>
</tr>
<tr>
<td>levocetirizine tab (XYZAL equiv)</td>
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<td>NC</td>
</tr>
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<td>XYZAL SOLN</td>
<td></td>
<td>NC</td>
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<tr>
<td>XYZAL TAB</td>
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<td><strong>ANTIHISTAMINES - PHENOTHIAZINES</strong></td>
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<td>promethazine supp (PHENERGAN equiv)</td>
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<tr>
<td>promethazine syrup</td>
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<td>1</td>
</tr>
<tr>
<td>promethazine tab (PHENERGAN equiv)</td>
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<td>PROMETHEGAN SUPP</td>
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<tr>
<td><strong>ANTIHISTAMINES - PIPERIDINES</strong></td>
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<td>cyproheptadine tab</td>
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<td><strong>ANTIHYPERLIPIDEMICS</strong></td>
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<tr>
<td><strong>ANTIHYPERLIPIDEMICS - COMBINATIONS</strong></td>
<td></td>
<td>QL</td>
</tr>
<tr>
<td>ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>LIPTRUZET TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>OMEGA-3 RX PAK COMPLETE</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>VYTORIN TAB 10-80MG</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td><strong>ANTIHYPERLIPIDEMICS - MISC.</strong></td>
<td></td>
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</tr>
<tr>
<td>omega-3-acid ethyl esters cap (LOVAZA equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>LOVAZA CAP</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>KYNAMRO INJ</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>VASCEPA CAP</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td><strong>BILE ACID SEQUESTRANTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>cholestyramine lite powder (QUESTRAN LITE equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>cholestyramine lite powder pack (QUESTRAN LITE equiv)</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>cholestyramine powder (QUESTRAN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>cholestyramine powder pack (QUESTRAN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>colesevelam pack (WELCHOL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>colesevelam tab (WELCHOL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>colestipol granule (COLESTID equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>colestipol powder packet (COLESTID equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>colestipol tab (COLESTID equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>COLESTID GRANULE</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>COLESTID POWDER PACK</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>COLESTID TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>QUESTRAN LITE POWDER</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>QUESTRAN LITE POWDER PACK</td>
<td>-</td>
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</tr>
<tr>
<td>QUESTRAN POWDER</td>
<td>-</td>
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<tr>
<td>QUESTRAN POWDER PACK</td>
<td>-</td>
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<tr>
<td>WELCHOL PACK</td>
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<td>WELCHOL TAB</td>
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**FIBRIC ACID DERIVATIVES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>fenofibrate cap 67mg, 134mg, 200mg (ANTARA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>fenofibric acid DR cap (TRILIPIX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>gemfibrozil tab (LOPID equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>FENOFIBRIC TAB, FIBRICOR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LOPID TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>TRICOR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ANTARA CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ANTARA CAP, LOFIBRA CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>fenofibrate cap 43mg, 130mg (ANTARA equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG</td>
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</tr>
<tr>
<td>fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FENOGLIDE TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TRIGLIDE TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TRILIPIX CAP</td>
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**HMG COA REDUCTASE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>fluvastatin ER tab (LESCOL XL equiv)</td>
<td>-</td>
<td>$0</td>
</tr>
<tr>
<td>lovastatin tab (MEVACOR equiv)</td>
<td>-</td>
<td>$0</td>
</tr>
<tr>
<td>pravastatin tab (PRAVACHOL equiv)</td>
<td>-</td>
<td>$0</td>
</tr>
<tr>
<td>simvastatin tab (ZOCOR equiv) (80mg is Not Covered)</td>
<td>-</td>
<td>$0</td>
</tr>
<tr>
<td>atorvastatin tab 10mg (LIPITOR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>atorvastatin tab 20mg (LIPITOR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>atorvastatin tab 40mg (LIPITOR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>atorvastatin tab 80mg (LIPITOR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>rosvustatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>rosvustatin tab 20mg (CRESTOR equiv) (QL= 1.5 tabs/day)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>rosvustatin tab 40mg (CRESTOR equiv) (QL= 1 tab/day)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>rosvustatin tab 5mg (CRESTOR equiv) (QL= 1 tab/day)</td>
<td>QL</td>
<td>1</td>
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<tr>
<td>ALTOPREV TAB</td>
<td>-</td>
<td>3</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRESTOR TAB (QL= 1 tab/day)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>CRESTOR TAB 20MG (QL= 1.5 tabs/day)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>LESCOL XL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LIPITOR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosvastatin, or simvastatin)</td>
<td>ST</td>
<td>3</td>
</tr>
<tr>
<td>MEVACOR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>PRAVACHOL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ZOCOR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ADVICOR TAB</td>
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<td>NC</td>
</tr>
<tr>
<td>EZALLOR SPRINKLE CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FLOLIPID SUSP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>fluvastatin cap (LESCOL equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>LESCOL CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SIMCOR TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SIMVASTATIN SUSP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)</td>
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<td>NC</td>
</tr>
<tr>
<td>ZOCOR TAB 80MG</td>
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<tr>
<td>ZYPITAMAG TAB</td>
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**INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
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</thead>
<tbody>
<tr>
<td>ezetimibe tab (ZETIA equiv)</td>
<td>-</td>
</tr>
<tr>
<td>ZETIA TAB</td>
<td>-</td>
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</tbody>
</table>

**MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUXTAPID CAP</td>
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</tbody>
</table>

**NICOTINIC ACID DERIVATIVES**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>niacin ER tab (NIASPAN equiv)</td>
<td>-</td>
</tr>
<tr>
<td>NIACOR TAB</td>
<td>-</td>
</tr>
<tr>
<td>NIASPAN ER TAB</td>
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</tbody>
</table>

**PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRALUENT INJ (QL= 2 inj/28 days)</td>
<td>KMSP-PA-QL</td>
</tr>
<tr>
<td>REPATHA INJ (QL= 2 inj/28 days)</td>
<td>KMSP-PA-QL</td>
</tr>
<tr>
<td>REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)</td>
<td>KMSP-PA-QL</td>
</tr>
</tbody>
</table>

**ANTIHYPERTENSIVES**

**ACE INHIBITORS**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>benazepril tab (LOTENSIN equiv)</td>
<td>-</td>
</tr>
<tr>
<td>captopril tab (CAPOTEN equiv)</td>
<td>-</td>
</tr>
<tr>
<td>enalapril tab (VASOTEC equiv)</td>
<td>-</td>
</tr>
<tr>
<td>fosinopril tab (MONOPRIL equiv)</td>
<td>-</td>
</tr>
<tr>
<td>lisinopril tab (PRINIVIL/ZESTRIL equiv)</td>
<td>-</td>
</tr>
<tr>
<td>quinapril tab (ACCUPRIL equiv)</td>
<td>-</td>
</tr>
<tr>
<td>ramipril cap (ALTACE equiv)</td>
<td>-</td>
</tr>
</tbody>
</table>

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## ANTIHYPERTENSIVES Cont.

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONOPRIL TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PRINIVIL TAB, ZESTRIL TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>QBRELIS SOLN</td>
<td>PA</td>
<td>3</td>
</tr>
<tr>
<td>VASOTEC TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>ACEON TAB</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>MAVIK TAB</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>moexipril tab (UNIVASC equiv)</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>perindopril tab (ACEON equiv)</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>trandolapril tab (MAVIK equiv)</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>UNIVASC TAB</td>
<td></td>
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</table>

### AGENTS FOR PHEOCHROMOCYTOMA

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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</thead>
<tbody>
<tr>
<td>phenoxybenzamine cap (DIBENZYLINE equiv)</td>
<td>KMSP 1</td>
</tr>
<tr>
<td>DIBENZYLINE CAP</td>
<td>KMSP 3</td>
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### ANGIOTENSIN II RECEPTOR ANTAGONISTS

<table>
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<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>irbesartan tab (AVAPRO equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>losartan tab (COZAAR equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>olmesartan tab (BENICAR equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>telmisartan tab (MICARDIS equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>valsartan tab (DIOVAN equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>AVAPRO TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>COZAAR TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>DIOVAN TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>EDARBI TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>MICARDIS TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>TEVETEN TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>ATACAND TAB</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>BENICAR TAB</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>candesartan tab (ATACAND equiv)</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>EPROSARTAN TAB</td>
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### ANTIADRENERGIC ANTIHYPERTENSIVES

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<tbody>
<tr>
<td>clonidine patch (CATAPRES-TTS equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>clonidine tab (CATAPRES equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>doxazosin tab (CARDURA equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>guanfacine IR tab (TENEX equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>methyldopa tab (ALDOMET equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>prazosin cap (MINIPRESS equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>terazosin cap (HYTRIN equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>CARDURA TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>CATAPRES TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>CATAPRES-TTS PATCH</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>GUANABENZ TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>HYTRIN CAP</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>MINIPRESS CAP</td>
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<tr>
<td>NEXICLON XR SUSP</td>
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<tr>
<td>NEXICLON XR TAB</td>
<td></td>
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<tr>
<td>RESERPINE TAB</td>
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</tbody>
</table>

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<tr>
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<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>TENEX TAB</td>
<td>-</td>
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</tr>
<tr>
<td>AMLODIPINE/BENazepril cap (LOTREL equiv)</td>
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</tr>
<tr>
<td>AMLODIPINE/OlmesartAN tab (AZOR TAB equiv)</td>
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</tr>
<tr>
<td>AMLODIPINE/ValsartAN tab (EXFORGE equiv)</td>
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</tr>
<tr>
<td>AMLODIPINE/ValsartAN/hydrochlorothiazIDE tab (EXFORGE HCT equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ATENolol/chlorthalidone tab (TENORETIC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>BENazepril/hydrochlorothiazIDE tab (LOTENSIN HCT equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Bisoprolol/hydrochlorothiazIDE tab (ZIAC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>CaptoPril/hydrochlorothiazIDE tab (CAPOZIDE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Enalapril/hydrochlorothiazIDE tab (VASERETIC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Fosinopril/hydrochlorothiazIDE tab (MONOPRIL HCT equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>IrbesartAN/hydrochlorothiazIDE tab (AVALIDE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Lisinopril/hydrochlorothiazIDE tab (ZESTORETIC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>LosartAN/hydrochlorothiazIDE tab (HYZAAR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Methyldopa/hydrochlorothiazIDE tab (ALDORIL equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>Metoprolol/hydrochlorothiazIDE tab (LOPRESSOR HCT equiv)</td>
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</tr>
<tr>
<td>Nadolol/bendroflumethiazIDE tab (CORZIDE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>OlmesартAN/hydrochlorothiazIDE tab (BENICAR HCT equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Propranolol/hydrochlorothiazIDE tab (INDERIDE equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>Quinapril/hydrochlorothiazIDE tab (ACCURETIC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ValsartAN/hydrochlorothiazIDE tab (DIOVAN HCT equiv)</td>
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<td>CAPToPRIL/HYDROCHLOROTHIAZIDE TAB</td>
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<tr>
<td>BENICAR HCT TAB</td>
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### ANTIMALARIALS

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<td>primaquine tab (PRIMAQUINE equiv)</td>
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<td>AFINITOR TAB 10MG (QL= 1 tab/day)</td>
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<td>HEXALEN CAP</td>
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<td>ZANOSAR INJ</td>
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<td><strong>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</strong></td>
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<td>mercaptopurine tab (PURINETHOL equiv)</td>
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<td>methotrexate tab (TREXALL equiv)</td>
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<td>PURINETHOL TAB</td>
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<td>XELODA TAB</td>
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<td>METHOTRENATE INJ</td>
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<td>PURIXAN SUSP</td>
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<td>TREXALL TAB</td>
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<td>RITUXAN INJ</td>
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<table>
<thead>
<tr>
<th>Drug Name</th>
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<td>VENCLEXTA TAB (Only available through Diplomat Pharmacy 877-977-9118)</td>
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<td>ODOMZO CAP</td>
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<td>megestrol tab (MEGACE equiv)</td>
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<td>toremifene tab (FARESTON equiv)</td>
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<td>YONSA TAB</td>
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<td><strong>ANTINEOPLASTIC COMBINATIONS</strong></td>
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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary  
Category/Class  
Last Updated* 3/1/2020  

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<th>Drug Name</th>
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<td>LONSURF TAB (Only available through Walgreens 888-347-3416)</td>
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<tr>
<td>HERCEPTIN HYLECTA INJ</td>
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<td>KISQALI PAK</td>
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### ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.

#### ANTINEOPLASTIC ENZYME INHIBITORS

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<td>SPRYCEL TAB</td>
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<td>AFINITOR DISPERZ (QL= 1 tab/day)</td>
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<td>ALECONSERA CAP (QL= 8 caps/day)</td>
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<td>ALUNBRIG TAB 30MG (QL= 4 tabs/day)</td>
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<td>ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)</td>
<td>KMS-PA-QL-SF</td>
<td>4</td>
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<tr>
<td>BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through US Bioservices 888-518-7246)</td>
<td>LD-PA-QL-SF</td>
<td>4</td>
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<tr>
<td>BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through US Bioservices 888-518-7246)</td>
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<td>BALVERSA TAB 5MG (QL= 1 tab/day; Only available through US Bioservices 888-518-7246)</td>
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<td>BOSULIF TAB</td>
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<td>BRAFTOVI CAP 50MG (QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118)</td>
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<td>BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)</td>
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<td>CABOMETYX TAB (QL= 1 tab/day)</td>
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<td>CAPRELSA TAB (Only available through Biologics 800-850-4306)</td>
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<td>COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)</td>
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<td>COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)</td>
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<td>COTELLIC TAB (QL= 3 tabs/day)</td>
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<tr>
<td>erlotinib tab (TARCEVA equiv)</td>
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<tr>
<td>everolimus tab (AFINITOR equiv) (QL= 1 tab/day)</td>
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<td>FARYDAK CAP (QL= 6 caps/21 days)</td>
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<tr>
<td>GILOTIRIF TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
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<tr>
<td>IBRANCE CAP (QL= 21 caps/28 days)</td>
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<td>ICLUSIG TAB (Only available through AcatriaHealth 800-511-5144)</td>
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<td>IDHIFA TAB (QL= 1 tab/day)</td>
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<td>imatinib tab (GLEEVEC equiv) (QL= 3 tabs/day)</td>
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<td>JAKAFI TAB (QL= 2 tabs/day)</td>
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<td>LENVIMA CAP (QL= 3 caps/day; Only available through Accredo 888-773-7376)</td>
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<tr>
<td>LORBRENA TAB 100MG (QL= 1 tab/day)</td>
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<td>LORBRENA TAB 25MG (QL= 3 tabs/day)</td>
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<td>LYNPARZA TAB (Only available through Biologics 800-850-4306, QL= 16 caps/day)</td>
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<tr>
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<td>MEKINIST TAB 0.5MG (QL= 3 tabs/day)</td>
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<td>MEKINIST TAB 2MG (QL= 1 tab/day)</td>
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</table>

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<tr>
<td>GLEEVEC TAB</td>
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<td>NC</td>
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<tr>
<td>INREBIC CAP</td>
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<td>NC</td>
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<tr>
<td>KISQALI TAB</td>
<td>-</td>
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<tr>
<td>PIQRAY TAB</td>
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<td>NC</td>
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<tr>
<td>ROZLYTREK CAP</td>
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<tr>
<td>TARCEVA TAB</td>
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<td>NC</td>
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<tr>
<td>TAZVERIK TAB</td>
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<td>NC</td>
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<tr>
<td>TURALIO CAP</td>
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**ANTINEOPLASTICS MISC.**

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<tr>
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<tbody>
<tr>
<td>hydroxyurea cap (HYDREA equiv)</td>
<td>-</td>
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<tr>
<td>MATULANE CAP</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>HYDREA CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ACTIMMUNE INJ (Only available through Walgreens 888-347-3416)</td>
<td>LD-PA</td>
<td>4</td>
</tr>
<tr>
<td>ALFERON-N INJ</td>
<td>KMSP-4</td>
<td>4</td>
</tr>
<tr>
<td>bexarotene cap (TARGETIN equiv)</td>
<td>KMSP-PA-SF</td>
<td>4</td>
</tr>
<tr>
<td>INTRON-A INJ</td>
<td>KMSP-4</td>
<td>4</td>
</tr>
<tr>
<td>PROLEUKIN INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SYLATRON INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SYNIRBO INJ</td>
<td>-</td>
<td>NC</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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<tbody>
<tr>
<td>TARGRETIN CAP</td>
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<td>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</td>
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<tr>
<td>leucovorin tab</td>
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<tr>
<td>MESNEX TAB</td>
<td>KMSP</td>
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**ANTIPARKINSON ADJUVANTS**

carbidopa tab (LODOSYN equiv) | - | 1 |
LODOSYN TAB | - | 3 |

**ANTIPARKINSON ANTICHOLINERGICS**

benztropine tab | - | 1 |
trihexyphenidyl elixir (ARTANE equiv) | - | 1 |
trihexyphenidyl tab (ARTANE equiv) | - | 1 |

**ANTIPARKINSON COMT INHIBITORS**

entacapone tab (COMTAN equiv) | - | 1 |
tolcapone tab (TASMAR equiv) | - | 1 |
COMTAN TAB | - | 3 |
TASMAR TAB | - | 3 |

**ANTIPARKINSON DOPAMINERGICS**

amantadine cap (SYMMETREL equiv) | - | 1 |
amantadine syrup (SYMMETREL equiv) | - | 1 |
amantadine tab | - | 1 |
bromocriptine cap (PARLODEL equiv) | - | 1 |
bromocriptine tab (PARLODEL equiv) | - | 1 |
carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 |
carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 |
carbidopa/levodopa tab (SINEMET equiv) | - | 1 |
pramipexole tab (MIRAPEX equiv) | - | 1 |
ropinirole tab (REQUIP equiv) | - | 1 |
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 |
MIRAPEX TAB | - | 3 |
NEUPRO PATCH | - | 3 |
PARCOPA ODT | - | 3 |
PARLODEL CAP | - | 3 |
PARLODEL TAB | - | 3 |
REQUIP TAB | - | 3 |
SINEMET CR TAB | - | 3 |
SINEMET TAB | - | 3 |
APOKYN INJ (Only available through CVS Specialty 800-237-2767) | LD | 4 |
DUOPA ENTERAL SUSP | - | NC |
GOCONIVRI CAP | - | NC |
MIRAPEX ER TAB | - | NC |
pramipexole ER tab (MIRAPEX ER equiv) | - | NC |
REQUIP XL TAB | - | NC |
ropinirole ER tab (REQUIP XL equiv) | - | NC |
RYTARY CAP | - | NC |

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## ANTIPARKINSON AGENTS Cont.

### ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

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<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>rasagline tab (AZILECT equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>selegiline cap (ELDEPRYL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>selegiline tab (ELDEPRYL equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>AZILECT TAB</td>
<td>-</td>
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</tr>
<tr>
<td>ELDEPRYL CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>XADAGO TAB (QL= 1 tab/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>ZELAPAR ODT</td>
<td>-</td>
<td>3</td>
</tr>
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### ANTIPARKINSON AND RELATED THERAPY AGENTS

### ANTIPARKINSON ADJUVANTS

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### ANTIPARKINSON DOPAMINERGICS

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<tbody>
<tr>
<td>INBRIJA INH POWDER</td>
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<tr>
<td>OSMOLEX ER TAB</td>
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### ANTIPSYCHOTICS/ANTIMANIC AGENTS

### ANTIMANIC AGENTS

<table>
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<tr>
<th>DrugName</th>
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<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>lithium carbonate cap (ESKALITH ER equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>lithium carbonate ER tab (LITHOBID equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>lithium carbonate tab</td>
<td>-</td>
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</tr>
<tr>
<td>lithium citrate soln</td>
<td>-</td>
<td>1</td>
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<tr>
<td>LITHOBID TAB</td>
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### ANTIPSYCHOTICS - MISC.

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<tbody>
<tr>
<td>ziprasidone cap (GEODON equiv)</td>
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<tr>
<td>EQUETRO CAP</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>GEODON CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CAPLYTA CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>LATUDA TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>NULPLAZID CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>NULPLAZID TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>VRAYLAR CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>VRAYLAR PACK</td>
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<td>NC</td>
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### BENZISOXAZOLES

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<tbody>
<tr>
<td>paliperidone ER tab (INVEGA equiv)</td>
<td>PA</td>
<td>1</td>
</tr>
<tr>
<td>risperidone ODT (RISPERDAL M equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>risperidone soln (RISPERDAL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>risperidone tab (RISPERDAL equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>RISPERIDONE ODT</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>FANAPT TAB (QL= 2 tabs/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>FANAPT TITRATION PACK (QL= 1 pack/plan year)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>INVEGA TAB</td>
<td>PA</td>
<td>3</td>
</tr>
<tr>
<td>RISPERDAL M ODT</td>
<td>-</td>
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<tr>
<td>RISPERDAL SOLN</td>
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<tr>
<td>RISPERDAL TAB</td>
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<td>RISPERDAL CONSTA INJ</td>
<td>MSP</td>
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<tr>
<td>INVEGA INJ</td>
<td>-</td>
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<table>
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<th>EXC</th>
<th>NC</th>
<th>INF</th>
<th>KMS</th>
<th>LMSP</th>
<th>M</th>
<th>PA</th>
<th>SF</th>
<th>ST</th>
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<tbody>
<tr>
<td>Plan Exclusion</td>
<td>Not Covered</td>
<td>Infertility</td>
<td>Kroger Mandatory Specialty Pharmacy Program</td>
<td>Lumicera Mandatory Specialty Pharmacy Program</td>
<td>M</td>
<td>PA</td>
<td>Prior Authorization</td>
<td>Step Therapy</td>
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<tr>
<td>Limited Distribution</td>
<td>INF</td>
<td>KMS</td>
<td>Medical Benefit</td>
<td>QL</td>
<td>PA</td>
<td>SAN</td>
<td>SF</td>
<td>ST</td>
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<td>MSP</td>
<td>Mandatory Specialty Pharmacy Program</td>
<td>OTC</td>
<td>Over-the-Counter</td>
<td>Rash</td>
<td>LTC</td>
<td>Restricted to Specialist</td>
<td>Available through Specialty Pharmacy Program</td>
<td>ST</td>
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<tr>
<td>Quantity Limit</td>
<td>INF</td>
<td>KMS</td>
<td>QL</td>
<td>PL</td>
<td>PA</td>
<td>SF</td>
<td>ST</td>
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<tr>
<td>Smoking Cessation</td>
<td>INF</td>
<td>KMS</td>
<td>SMKG</td>
<td>PA</td>
<td>PA</td>
<td>SF</td>
<td>ST</td>
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### BUTYROPHENONES

<table>
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<tr>
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<tbody>
<tr>
<td>haloperidol lactate conc (HALDOL equiv)</td>
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</tr>
<tr>
<td>haloperidol tab (HALDOL equiv)</td>
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### DIBENZAPINES

<table>
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<tr>
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<tbody>
<tr>
<td>CLOZAPINE ODT 12.5MG</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>clozapine tab (CLOZARIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>loxapine cap (LOXITANE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>olanzapine ODT (ZYPREXA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>olanzapine tab (ZYPREXA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>quetiapine tab (SEROQUEL equiv)</td>
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</tr>
<tr>
<td>quetiapine XR tab (SEROQUEL XR equiv)</td>
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<tr>
<td>CLOZAPINE ODT</td>
<td>-</td>
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<tr>
<td>CLOZAPINE ODT, FAZACLO ODT</td>
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<td>2</td>
</tr>
<tr>
<td>CLOZARIL TAB</td>
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<td>3</td>
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<tr>
<td>FAZACLO ODT 12.5MG, 25MG, 100MG</td>
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<td>3</td>
</tr>
<tr>
<td>LOXITANE CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SAPHRIS SL TAB (QL= 2 tabs/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>SEROQUEL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SEROQUEL XR TAB</td>
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<tr>
<td>ZYPREXA TAB</td>
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<tr>
<td>ZYPREXA ZYDIS TAB</td>
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<tr>
<td>ADASUVE INHALER</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>SECUADO PATCH</td>
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<td>NC</td>
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<tr>
<td>VERSACLOZ SUSP</td>
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### PHENOTHIAZINES

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<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>chlorpromazine tab (THORAZINE equiv)</td>
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</tr>
<tr>
<td>FLUPHENAZINE TAB</td>
<td>-</td>
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</tr>
<tr>
<td>fluphenazine tab (PROLIXIN equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>perphenazine tab (TRILAFON equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>prochlorperazine supp (COMPAZINE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>prochlorperazine tab (COMPAZINE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>thioridazine tab (MELLARIL equiv)</td>
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<td>1</td>
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<tr>
<td>trifluoperazine tab (STELAZINE equiv)</td>
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### QUINOLINONE DERIVATIVES

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<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>aripiprazole soln (ABILIFY equiv)</td>
<td>PA</td>
<td>1</td>
</tr>
<tr>
<td>aripiprazole tab (ABILIFY equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ABILIFY DISCMELT (QL= 2 tabs/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>ABILIFY SOLN</td>
<td>PA</td>
<td>3</td>
</tr>
<tr>
<td>ABILIFY TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ABILIFY MYCITE TAB</td>
<td>-</td>
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<td>REXULTI TAB</td>
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### THIOXANTHENES

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<tr>
<td>thiothixene cap (NAVANE equiv)</td>
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<td>NAVANE CAP</td>
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## ANTISEPTICS & DISINFECTANTS

<table>
<thead>
<tr>
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<tr>
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## CHLORINE ANTISEPTICS

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## IODINE ANTISEPTICS

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## ANTIVIRALS

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<td>TRUVA TAB</td>
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<tr>
<td>lamivudine soln (EPIVIR equiv)</td>
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<td>1</td>
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<tr>
<td>lamivudine tab (EPIVIR equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>nevirapine tab (VIRAMUNE equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>ritonavir tab (NORVIR equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>stavudine cap (ZERIT equiv)</td>
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<td>1</td>
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<tr>
<td>stavudine soln (ZERIT equiv)</td>
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</tr>
<tr>
<td>zidovudine cap (RETROVIR equiv)</td>
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<td>1</td>
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<tr>
<td>zidovudine syrup (RETROVIR equiv)</td>
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<tr>
<td>zidovudine tab (RETROVIR equiv)</td>
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<tr>
<td>ISENTRESS (HD) TAB</td>
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<tr>
<td>ISENTRESS CHEW TAB</td>
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<td>ISENTRESS POWDER PACK</td>
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**ANTIVIRALS Cont.**

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**CMV AGENTS**

valganciclovir tab (VALCYTE equiv)  
VALCYTE TAB - 1

**HEPATITIS AGENTS**

ribavirin cap (REBETOL equiv)  
ribavirin tab (COPEGUS equiv)  
adefovir dipivoxil tab (HEPSERA equiv)  
COPEGUS TAB - 1

entercavir tab (BARACLUDE equiv) (QL= 1 tab/day)  
EPIVIR HBV SOLN - 1

INCIVEK TAB  
lamivudine tab 100mg (EPIVIR HBV equiv)  
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day)  
MAYVRET TAB (QL= 3 tabs/day)  
PEGASYS INJ  
PEG-INTRON INJ  
REBETOL SOLN  
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/ day)  
TYZEKA TAB  
VEMLIDY TAB  
VICTRELIS CAP  
VOSEVI TAB (QL= 1 tab/day)  
BARACLUDE SOLN  
BARACLUDE TAB  
DAKLINZA TAB  
EPCLUSA TAB  
EPIVIR HBV TAB  
HARVONI TAB  

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## L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary

### Category/Class

**Last Updated:** 3/1/2020

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### ASSORTED CLASSES

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<tr>
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### ASSORTED CLASSES Cont.

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### BETA BLOCKERS

### ALPHA-BETA BLOCKERS

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<td>labetalol tab (NORMODYNE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>COREG CR CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>COREG TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>TRANDATE TAB</td>
<td>-</td>
<td>3</td>
</tr>
</tbody>
</table>

### BETA BLOCKERS CARDIO-SELECTIVE

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>acebutolol cap (SECTRAL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>atenolol tab (TENORMIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>bisoprolol tab (ZEBETA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>metoprolol ER tab (TOPROL XL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>metoprolol tab (LOPRESSOR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>BYSTOLIC TAB</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>LOPRESSOR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SECTRAL CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>TENORMIN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>TOPROL XL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ZEBETA TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>betaaxolotl tab (KERLONE equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FIRST ATENOLOL SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FIRST METOPROLOL ORAL SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

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---

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### BETA BLOCKERS Cont.

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAPSPARGO CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>KERLONE TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>metoprolol tab 37.5mg, 75mg (LOPRESSOR equiv)</td>
<td>-</td>
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</table>

#### BETA BLOCKERS NON-SELECTIVE

<table>
<thead>
<tr>
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<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>nadolol tab (CORGARD equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>pindolol tab (VISKEN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>propranolol ER cap (INDERAL LA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>PROPRANOLOL SOLN</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>propranolol tab (INDERAL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>sotalol AF tab (BETAPACE AF equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>sotalol tab (BETAPACE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>timolol maleate tab (BLOCADREN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>BETAPACE AF TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>BETAPACE TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CORGARD TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>INDERAL LA CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LEVATOL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>HEMANGEOL SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>INDERAL XL CAP, INNOPRAN XL CAP</td>
<td>-</td>
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</tr>
<tr>
<td>SOTYLIZE SOLN</td>
<td>-</td>
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### BIOLOGICALS MISC

#### ALLERGENIC EXTRACTS

<table>
<thead>
<tr>
<th>DrugName</th>
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<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>GRASTEK SL TAB</td>
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<td>NC</td>
</tr>
<tr>
<td>ORALAIR SL TAB</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>RAGWITEK SL TAB</td>
<td>-</td>
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</table>

### BIOLOGICALS MISC

#### CALCIUM CHANNEL BLOCKERS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
</table>
| CALCIUM CHANNEL BLOCKER COMBINATIONS
| CONSENSI TAB | - | NC |

### CALCIUM CHANNEL BLOCKERS

#### CALCIUM CHANNEL BLOCKERS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>amlodipine tab (NORVASC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>DILTIAZEM CAP</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>diltiazem ER cap (CARDIZEM CD equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>diltiazem ER cap (CARDIZEM SR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>diltiazem ER cap (DILACOR XR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>diltiazem ER cap (TIAZAC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>diltiazem tab (CARDIZEM equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>felodipine ER tab (PLENDIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>nifedipine cap (PROCARDIA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>nifedipine ER tab (ADALAT CC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>nimodipine cap (NIMOTOP equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>VERAPAMIL CAP 100MG</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>VERAPAMIL ER CAP 200MG</td>
<td>-</td>
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</tr>
<tr>
<td>VERAPAMIL ER CAP 300MG</td>
<td>-</td>
<td>1</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>verapamil SR cap (VERELAN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>VERAPAMIL SR CAP 360mg</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>verapamil SR tab (CALAN SR, ISOPTIN SR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>verapamil tab (CALAN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ADALAT CC TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CALAN SR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CALAN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CARDENE SR CAP</td>
<td>-</td>
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<tr>
<td>CARDIZEM CD CAP</td>
<td>-</td>
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<tr>
<td>CARDIZEM TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>COVERA-HS TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>DYNACIRC CR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NIMOTOP CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NORVASC TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>PLENDIL TAB</td>
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<td>3</td>
</tr>
<tr>
<td>PROCARDIA CAP</td>
<td>-</td>
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<tr>
<td>TIAZAC CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>VERELAN CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>VERELAN PM CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>VERELAN PM ER CAP 100MG, 300MG</td>
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</tr>
<tr>
<td>VERELAN SR CAP 360mg</td>
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<td>3</td>
</tr>
<tr>
<td>CARDIZEM LA TAB</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>DILACOR XR CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>diltiazem ER tab (CARDIZEM LA equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>isradipine cap (DYNACIRC equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>KATERZIA SUSP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>nicardipine cap (CARDENE equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>nisoldipine ER tab (SULAR equiv)</td>
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</tr>
<tr>
<td>NISOLDIPINE ER TAB 25.5MG</td>
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<td>NC</td>
</tr>
<tr>
<td>NYMALIZE SOLN</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>SULAR TAB</td>
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**CALCIUM CHANNEL BLOCKERS Cont.**

**CARDIOTONICS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>digoxin soln (LANOXIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>digoxin tab (LANOXIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>LANOXIN TAB</td>
<td>-</td>
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<tr>
<td>LANOXIN TAB 0.0625MG, 0.1875MG</td>
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**CARDIOVASCULAR AGENTS - MISC. - COMBINATIONS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>amlodipine/atorvastatin tab (CADUET equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>CADUET TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ENTRESTO TAB</td>
<td>-</td>
<td>NC</td>
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**IMPOTENCE AGENTS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 6 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>CAVERJECT INJ (QL= 6 inj/30 days)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>EDEX INJ (QL= 6 inj/30 days)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>MUSE SUPP (QL= 6 inj/30 days)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>STENDRA TAB (QL= 6 tabs/30 days)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>CIALIS TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>CIALIS TAB 2.5MG, 5MG</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>LEVITRA TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>VIAGRA TAB</td>
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**PERIPHERAL VASODILATORS**

<table>
<thead>
<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>isoxsuprine tab</td>
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**PROSTAGLANDIN VASODILATORS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
</tbody>
</table>

**ORENITRAM TAB**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>REMODULIN INJ 10MG/ML</td>
<td>-</td>
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</tr>
<tr>
<td>REMODULIN INJ 1MG/ML</td>
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<td>NC</td>
</tr>
<tr>
<td>REMODULIN INJ 2.5MG/ML</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>REMODULIN INJ 5MG/ML</td>
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<td>NC</td>
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**PERIPHERAL VASODILATORS**

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<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>treprostinil inj 10mg/ml (REMODULIN equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>treprostinil inj 1mg/ml (REMODULIN equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>treprostinil inj 2.5mg/ml (REMODULIN equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>treprostinil inj 5mg/ml (REMODULIN equiv)</td>
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**PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>OPSUMIT TAB (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>LETAIRIS TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TRACLEER TAB 62.5MG, 125MG</td>
<td>-</td>
<td>NC</td>
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**PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

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<thead>
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<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>sildenafil tab 20mg (REVATIO equiv)</td>
<td>PA</td>
<td>1</td>
</tr>
<tr>
<td>REVATIO TAB</td>
<td>PA</td>
<td>3</td>
</tr>
<tr>
<td>tadalafil tab (PAH) (ADCIRCA equiv)</td>
<td>LMSP-PA</td>
<td>4</td>
</tr>
<tr>
<td>ADCIRCA TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>REVATIO SUSP</td>
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<td>NC</td>
</tr>
<tr>
<td>sildenafil susp (REVATIO equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
</tbody>
</table>

**PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
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</table>

**SINUS NODE INHIBITORS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORLANOR TAB</td>
<td>PA</td>
<td>3</td>
</tr>
</tbody>
</table>

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## CARDIOVASCULAR AGENTS - MISC. Cont.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Generic</th>
<th>Special Code</th>
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</thead>
<tbody>
<tr>
<td>CORLANOR SOLN</td>
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</tr>
<tr>
<td>VYNDAMAX CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>VYNDACEQEL CAP</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

### CEPHALOSPORINS

#### CEPHALOSPORINS - 1ST GENERATION

- cephalaxin cap (KEFLEX equiv)
- cephalaxin susp (KEFLEX equiv)
- KEFLEX CAP
- cefazolin inj
- CEFAZOLIN INJ
- cefadroxil cap (DURICEF equiv)
- cefadroxil susp (DURICEF equiv)
- cefadroxil tab (DURICEF equiv)
- cephalexin cap 750mg (KEFLEX equiv)
- CEPHALEXIN TAB
- DAXBIA CAP
- KEFLEX CAP 750MG

#### CEPHALOSPORINS - 2ND GENERATION

- cefaclor cap (CECLOR equiv)
- cefuroxime susp (CEFTIN equiv)
- cefuroxime tab (CEFTIN equiv)
- CEFACLOR ER TAB
- CEFACLOR SUSP
- CEFTIN SUSP
- CEFTIN TAB
- cefoxitin inj
- CEFPROZIL SUSP

#### CEPHALOSPORINS - 3RD GENERATION

- cefdinir cap (OMNICEF equiv)
- cefdinir susp (OMNICEF equiv)
- cefixime cap (SUPRAX equiv)
- cefixime susp (SUPRAX equiv)
- cefpodoxime proxetil susp (VANTIN equiv)
- cefpodoxime proxetil tab (VANTIN equiv)
- CEDAX CAP
- CEDAX SUSP
- CEFEDITOREN TAB
- OMNICEF SUSP
- SPECTRACEF TAB
- SUPRAX CAP
- SUPRAX CHEW TAB
- SUPRAX SUSP
- SUPRAX SUSP 500MG/5ML
- SUPRAX TAB

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### CEPHALOSPORINS Cont.

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<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>VANTIN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CEFOTAXIME INJ</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>cefotaxime inj (CLAFOREN equiv)</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>ceftriaxone inj</td>
<td>M</td>
<td>M</td>
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### CONTRACEPTIVES

#### COMBINATION CONTRACEPTIVES - ORAL

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>amethyst tab (LYBREL equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>aranelle tab (TRI-NORINYL equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>avian tab (ALESSE equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>cesia tab (CYCLESSA equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>cyselle tab</td>
<td>- $0</td>
</tr>
<tr>
<td>enpresse tab (TRI-LeveLEN equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>gianvi tab, ocella tab (YASMIN, YAZ equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>isibloom tab, enskyce tab, apri tab (DESOGEN equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv) (3 copays per Rx)</td>
<td>- $0</td>
</tr>
<tr>
<td>junel FE tab (LOESTRIN FE equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>junel tab (LOESTRIN equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>kelnor tab (DEMULEN equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>necon tab (ORTHO-NOVUM equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>necon tab 1-50 (NORINYL equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>nortrel tab (OVCON 35 equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>sprintec 28 tab (ORTHO-CYCLEN equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>tri-legend tab (ESTROSTEP FE equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>viorele tab, kariva tab (MIRCETTE equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>wymzya FE tab (FEMCON FE equiv)</td>
<td>- $0</td>
</tr>
<tr>
<td>mibelas chew tab (MINASTRIN equiv)</td>
<td>- $1</td>
</tr>
<tr>
<td>CYCLESSA TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>DESOGEN TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>ESTROSTEP FE TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>FEMCON FE CHEW TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>LO LOESTRIN TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>LO MINASTRIN TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>LO MINASTRIN 24 FE CHEW TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>LOESTRIN 24 FE TAB</td>
<td>- 3</td>
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<tr>
<td>LOESTRIN FE TAB</td>
<td>- 3</td>
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<tr>
<td>LOESTRIN TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>MINASTRIN CHEW TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>MIRCETTE TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>NATAZIA TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>NORINYL TAB 1-50</td>
<td>- 3</td>
</tr>
<tr>
<td>OGESTREL TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>ORTHO TRI-CYCLEN (LO) TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>ORTHO-CYCLEN TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>OVCON 35 TAB</td>
<td>- 3</td>
</tr>
<tr>
<td>SEASONIQUE TAB</td>
<td>- 3</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>EXC</th>
<th>Plan Exclusion</th>
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<tbody>
<tr>
<td>INF</td>
<td>Infertility</td>
</tr>
<tr>
<td>LMSP</td>
<td>Lumicera Mandatory Specialty Pharmacy Program</td>
</tr>
<tr>
<td>OTC</td>
<td>Over-the-Counter</td>
</tr>
<tr>
<td>RS</td>
<td>Restricted to Specialist</td>
</tr>
<tr>
<td>SP</td>
<td>Available through Specialty Pharmacy Program</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NC-NOT COVERED</th>
<th>KMSK-Kroger Mandatory Specialty Pharmacy Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>INF</td>
<td>Infertility</td>
</tr>
<tr>
<td>M</td>
<td>Medical Benefit</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
</tr>
<tr>
<td>SF</td>
<td>Limited to two 15 day fills per month for first 3 months</td>
</tr>
<tr>
<td>ST</td>
<td>Step Therapy</td>
</tr>
</tbody>
</table>

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### CONTRACEPTIVES Cont.

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>BICALUTRA TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>BEYAZ TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>drospirenone/ethinyl estradiol/levomefolate tab (SAFYRAL equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FALESSA KIT</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SAFYRAL TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TARINA FE 1/20 EQ TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TAYTULLA CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>YASMIN TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>YAZ TAB</td>
<td>-</td>
<td>NC</td>
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#### COMBINATION CONTRACEPTIVES - TRANSDERMAL

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>XULANE PATCH</td>
<td>-</td>
<td>$0</td>
</tr>
<tr>
<td>ORTHO-EVRA PATCH</td>
<td>-</td>
<td>3</td>
</tr>
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</table>

#### COMBINATION CONTRACEPTIVES - VAGINAL

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUJARING</td>
<td>-</td>
<td>$0</td>
</tr>
<tr>
<td>ANNOVERA RING</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>eluryng vaginal ring (NUJARING equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

#### EMERGENCY CONTRACEPTIVES

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELLA TAB</td>
<td>-</td>
<td>$0</td>
</tr>
<tr>
<td>levonorgestrel tab (PLAN B equiv)</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>LEVONORGESTREL TAB 0.75MG</td>
<td>-</td>
<td>$0</td>
</tr>
<tr>
<td>PLAN B TAB</td>
<td>OTC</td>
<td>$0</td>
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</tbody>
</table>

#### PROGESTIN CONTRACEPTIVES - IMPLANTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPLANON IMPLANT, NEXPLANON IMPLANT</td>
<td>-</td>
<td>EXC</td>
</tr>
</tbody>
</table>

#### PROGESTIN CONTRACEPTIVES - INJECTABLE

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPO-PROVERA INJ</td>
<td>-</td>
<td>EXC</td>
</tr>
<tr>
<td>DEPO-PROVERA SC INJ 104MG</td>
<td>-</td>
<td>EXC</td>
</tr>
<tr>
<td>medroxyprogesterone inj (DEPO-PROVERA equiv)</td>
<td>-</td>
<td>EXC</td>
</tr>
</tbody>
</table>

#### PROGESTIN CONTRACEPTIVES - IUD

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIRENA IUD</td>
<td>-</td>
<td>EXC</td>
</tr>
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</table>

#### PROGESTIN CONTRACEPTIVES - ORAL

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>norethindrone tab (NORA-QD equiv)</td>
<td>-</td>
<td>$0</td>
</tr>
<tr>
<td>NOR-QD TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SLYND TAB</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

### CORTICOSTEROIDS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>budesonide ER tab (UCERIS equiv) (QL=1 tab/day)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>budesonide SR cap (ENTOCORT EC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>DEXAMETHASONE CONC</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>dexamethasone elixir</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>dexamethasone soln</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>DEXAMETHASONE TAB</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>dexamethasone tab (DECASTRON equiv)</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocortisone tab (CORTEF equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>methylprednisolone dose pack (MEDROL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>methylprednisolone tab (MEDROL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>prednisolone ODT (ORAPRED equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>prednisolone soln (PEDIAFRED equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>PREDNISOLONE SYRUP</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>prednisolone syrup (PRELONE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>PREDNISONE SOLN</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>prednisone tab (DELTASONE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>MEDROL TAB</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>CORTEF TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>MEDROL DOSE PACK</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>MEDROL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>MILLIPRED TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ORAPRED ODT</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ORAPRED SOLN</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>PREDNISOLONE SOLN</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>UCERIS TAB (QL= 1 tab/day)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>CORTISONE ACETATE TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>dexamethasone pak (DEXPAK equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>DEXPAK TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>DXEVO 11-DAY PAK</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>EMFLAZA SUSP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>EMFLAZA TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FLO-PRED SUSP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>LIDOLOG KIT</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>MILLIPRED DP PAK</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ORAPRED ODT</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>prednisone pack</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PREDNISONE/DIPHENHYDRAMINE KIT</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PRELONE SYRUP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>RAYOS TAB</td>
<td>-</td>
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**MINERALOCORTICOIDs**

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<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>fludrocortisone tab (FLORINEF equiv)</td>
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<td>1</td>
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</table>

**COUGH/COLD/ALLERGY**

**ANTITUSSIVES**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>benzonatate cap 100mg, 200mg (TESSALON equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>hydrocodone/homatropine syrup (HYCODAN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>tussigion tab (HYCODAN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>HYCODAN SYRUP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>TESSALON CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>benzonatate cap 150mg (ZONATUSS equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ZONATUSS CAP 150MG</td>
<td>-</td>
<td>NC</td>
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</tbody>
</table>

**COUGH/COLD/ALLERGY COMBINATIONS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>guaifenesin/codeine soln (BRONTEX equiv)</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)</td>
<td>OTC-QL</td>
<td>1</td>
</tr>
</tbody>
</table>

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Cough/Cold/Allergy Cont.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)</td>
<td>OTC-QL</td>
<td>1</td>
</tr>
<tr>
<td>hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>NINJACOF-XG LIQUID</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>promethazine DM syrup</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>PROMETHAZINE VC SYRUP</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>promethazine VC syrup (PHENERGAN VC equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>PROMETHAZINE VC/ CODEINE SYRUP</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>promethazine VC/codeine syrup (PHENERGAN VC/ CODEINE equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>promethazine/codeine syrup (PHENERGAN/ CODEINE equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>pseudoephedrine/brompheniramine/codeine liquid (CPB WC LIQUID equiv)</td>
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<tr>
<td>ALBATUSSIN LIQUID</td>
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<tr>
<td>BRONCOPECTOL SYRUP</td>
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<td>3</td>
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<tr>
<td>GILTUSS LIQUID</td>
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<tr>
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<tr>
<td>HYDROCODONE/CHLORPHENIRAMINE/PSEUDOEPHEDRINE LIQUID (QL= 120ml/fill, 2 fills/month)</td>
<td>QL</td>
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<tr>
<td>NEOTUSS-D LIQUID</td>
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<tr>
<td>PEDIATEX TDM SUSP</td>
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<td>RESCON TAB</td>
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<tr>
<td>REZIRA SOLN</td>
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<tr>
<td>SUTTAR SF SYRUP</td>
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<tr>
<td>TUSNEL SYRUP</td>
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<tr>
<td>TUSSIONEX SUSP (QL= 120ml/fill; 2 fills/30 days)</td>
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<tr>
<td>TUSSI-ORGANI SYRUP (QL= 240ml/fill)</td>
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<tr>
<td>ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)</td>
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<td>BROVEX PEB LIQUID</td>
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<td>CLARINEX-D TAB</td>
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<tr>
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<td>OTC</td>
<td>EXC</td>
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<tr>
<td>lohist liquid (DECON-A equiv)</td>
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<td>SEMPREX-D CAP</td>
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<tr>
<td>TRIAMINIC SYRUP</td>
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<tr>
<td>HYCOPENIX SOLN</td>
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<tr>
<td>MUCINEX LIQUID</td>
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<tr>
<td>POLY-TUSSIN DM SYRUP</td>
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<td>TUSSICAPS</td>
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<tr>
<td>TUSSI-PRES LIQUID</td>
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<tr>
<td>TUXARIN ER TAB</td>
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<tr>
<td>TUZISTRA XR SUSP</td>
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Expectorants

SSKI SOLN                                                                 | -            | 2    |
| GUAIFENESIN SYRUP                                                        | -            | NC   |
| guaifenesin tab (ALLFEN JR equiv)                                        | -            | NC   |
| MUCINEX TAB                                                              | -            | NC   |

Misc. Respiratory Inhalants

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<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>sodium chloride neb soln (HYPER-SAL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>NEBUSAL NEB SOLN</td>
<td>-</td>
<td>2</td>
</tr>
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<td>HYPER-SAL NEB SOLN</td>
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</tr>
<tr>
<td>MUCOLYTICS</td>
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<td>1</td>
</tr>
<tr>
<td>acetylcysteine soln (MUCOMYST equiv)</td>
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<td></td>
</tr>
<tr>
<td>COUGH/COLD/ALLERGY Cont.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEBUCLIN NEB SOLN</td>
<td>-</td>
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</tr>
<tr>
<td>HYPER-SAL NEB SOLN</td>
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<td>ACNE PRODUCTS</td>
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<tr>
<td>adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)</td>
<td>PA</td>
<td>1</td>
</tr>
<tr>
<td>adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)</td>
<td>PA</td>
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<tr>
<td>adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) (Acne Only – members age 35 or older require Prior Authorization)</td>
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<tr>
<td>amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUFLEET equiv)</td>
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<td>clindamycin gel (CLEOCIN GEL equiv)</td>
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<tr>
<td>clindamycin lotion (CLEOCIN- T equiv)</td>
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<tr>
<td>clindamycin pad (CLEOCIN-T equiv)</td>
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<tr>
<td>clindamycin topical soln (CLEOCIN-T equiv)</td>
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<tr>
<td>clindamycin/benzoyl peroxide gel (BENZACLIN equiv)</td>
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<tr>
<td>clindamycin/benzoyl peroxide gel (DUAC GEL equiv)</td>
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<td>erythromycin pad</td>
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<tr>
<td>erythromycin gel</td>
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<td>erythromycin soln</td>
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<td>erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)</td>
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<tr>
<td>RETIN-A MICRO GEL 0.04%, 0.1% (Acne Only – members age 35 or older require Prior Authorization)</td>
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<td>sodium sulfacetamide lotion (KLARON equiv)</td>
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<td>sodium sulfacetamide/sulfur emulsion 10-5%</td>
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<td>sodium sulfacetamide/sulfur wash 9-4.5%</td>
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<td>tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)</td>
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<tr>
<td>EPIDUO FORTE GEL (Acne Only – members age 35 or older require Prior Authorization)</td>
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<tr>
<td>AKNE-MYCIN OINT</td>
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<tr>
<td>ATRALIN GEL, RETIN-A GEL</td>
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<tr>
<td>BENZACIN GEL</td>
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<td>BENZAMYCIN GEL</td>
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<tr>
<td>CLEOCIN-T GEL</td>
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<tr>
<td>CLEOCIN-T PAD</td>
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<td>CLEOCIN-T SOLN</td>
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<tr>
<td>EPIDUO CS KIT</td>
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<td>KLARON LOTION</td>
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<tr>
<td>RETIN-A CREAM</td>
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Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.
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<td>ZIANA GEL</td>
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<td>NC</td>
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<td>CLINDAGEL</td>
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<td>clindamycin foam (EVOCLIN equiv)</td>
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<td>dapson gel (ACZONE equiv)</td>
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<td>DIFFERIN LOTION</td>
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<td>ROSULA WASH</td>
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<td>SODIUM SULFACETAMIDE/SULFUR EMULSION</td>
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<td>sodium sulfacetamide/sulfur emulsion (ROSULA equiv)</td>
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<tr>
<td>sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)</td>
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<td>sodium sulfacetamide/sulfur gel (ROSULA equiv)</td>
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<tr>
<td>SODIUM SULFACETAMIDE/SULFUR LOTION</td>
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<tr>
<td>sodium sulfacetamide/sulfur lotion (SULFACET R equiv)</td>
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<tr>
<td>sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)</td>
<td>-</td>
<td>NC</td>
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</tbody>
</table>

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<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>Sodium Sulfacetamide/Sulfur Susp</td>
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<tr>
<td>Sodium Sulfacetamide/Sulfur Wash (SUMAXIN equiv)</td>
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</tr>
<tr>
<td>Sodium Sulfacetamide/Sunscreen Kit (SUMADEN XLT equiv)</td>
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<td>SUMADAN Kit</td>
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<td>SUMADEN XLT Kit</td>
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<td>SUMAXIN Pad</td>
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<tr>
<td>SUMAXIN TS Susp</td>
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<td>SUMAXIN Wash</td>
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**Agents for External Genital and Perianal Warts**

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<tr>
<td>Veregen Oint</td>
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**Agents for Wrinkles/Lipoatrophy/Other Aesthetic Uses**

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<td>ReNova Cream</td>
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<td>Kybella Inj</td>
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**Analgesics - Topical**

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<td>Tramadol Compound Kit</td>
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**Antibiotics - Topical**

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<td>Gentamicin Sulfate Oint</td>
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</tr>
<tr>
<td>Mupirocin Oint (Bactroban Oint equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>Bactroban Oint</td>
<td>-</td>
<td>3</td>
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<tr>
<td>CenTany Oint</td>
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<tr>
<td>Cortisporin Cream</td>
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<td>Cortisporin Oint</td>
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<tr>
<td>Altabax Oint</td>
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<tr>
<td>Bactroban Cream</td>
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<tr>
<td>Mupirocin Cream</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>Mupirocin Cream (Bactroban equiv)</td>
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<td>Neo-Synalar Cream</td>
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<td>Xepi Cream</td>
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**Antifungals - Topical**

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<tr>
<td>Ciclopirox Cream (Loprox Cream equiv)</td>
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<td>Ciclopirox Gel (Loprox Gel equiv)</td>
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<td>Ciclopirox Nail Sohn (Pencilac equiv)</td>
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<tr>
<td>Ciclopirox Shampoo (Loprox Shampoo equiv)</td>
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<td>Ciclopirox topical susp (Loprox Susp equiv)</td>
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<td>Clotrimazole/betamethasone cream (Lortrisone Cream equiv)</td>
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<td>Naftifine Gel (Naftin equiv)</td>
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<tr>
<td>Nystatin Cream (Mycostatin Cream equiv)</td>
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<tr>
<td>Nystatin Oint</td>
<td>-</td>
<td>1</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>nystatin topical powder</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>nystatin/triamcinolone cream</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>nystatin/triamcinolone oint</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>oxiconazole nitrate cream (OXISTAT equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>EXELDERM CREAM, SULCONAZOLE CREAM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>EXELDERM SOLN</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>EXELDERM SOLN, SULCONAZOLE SOLN</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LOPROX CREAM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LOPROX GEL</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LOPROX SHAMPOO</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LOTRISONE CREAM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LOTRISONE LOTION</td>
<td>-</td>
<td>3</td>
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<tr>
<td>MENTAX CREAM</td>
<td>-</td>
<td>3</td>
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<td>NAFTIN CREAM</td>
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<tr>
<td>NAFTIN GEL</td>
<td>-</td>
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<tr>
<td>NIZORAL SHAMPOO</td>
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<tr>
<td>OXISTAT CREAM</td>
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<td>OXISTAT LOTION</td>
<td>-</td>
<td>3</td>
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<tr>
<td>ALCORTIN A GEL</td>
<td>-</td>
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</tr>
<tr>
<td>ALOQUIN GEL</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>clotrimazole cream (LOTRIMIN AF CREAM equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ECOZA FOAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ERTACZO CREAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>iodoquinol/hydrocortisone cream 1% (VYTONE equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>JUBLIA SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>KERYDIN SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>LOTRIMIN AF CREAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>LULICONAZOLE CREAM, LUZU CREAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>NAFTIN GEL 2%</td>
<td>-</td>
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</tr>
<tr>
<td>nizoral a-d shampoo (NIZORAL equiv)</td>
<td>OTC</td>
<td>NC</td>
</tr>
<tr>
<td>NYATA KIT</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PEDIZOLPAK THERAPY PACK</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PENLAC SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>VYTONE CREAM 1.9-1%</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>XOLEGEL</td>
<td>-</td>
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**ANTI-INFLAMMATORY AGENTS - TOPICAL**

diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 |
| DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill) | QL | 3 |
| VOLTAREN GEL (QL= 5 tubes/fill) | QL | 3 |
| diclofenac soln 1.5% (PENNSAID equiv) | - | NC |
| DST PLUS PAK KIT | - | NC |
| INFLAMMA-K KIT | - | NC |
| NAPROXEN CREAM COMPOUND KIT | - | NC |
| PENNSAID SOLN | - | NC |
| REXAPHENAC CREAM | - | NC |

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<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>VAROPHEN KIT</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>VOPAC 5 CREAM</td>
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<td>NC</td>
</tr>
<tr>
<td>VOPAC CREAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>VOPAC GB CREAM</td>
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**DERMATOLOGICALS Cont.**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>fluouracil cream (EFUDEX CREAM equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>FLUOROPLEX CREAM</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>FLUOROURACIL CREAM 0.5%</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>FLUOROURACIL SOLN</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>EFUDEX CREAM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>PICATO GEL (QL= 1 box/fill)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>SOLARAZE GEL (QL= 300gm/30 days)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>PANRETIN GEL</td>
<td>KMS-P-A</td>
<td>4</td>
</tr>
<tr>
<td>TARGETIN GEL</td>
<td>KMS-P-A</td>
<td>4</td>
</tr>
<tr>
<td>VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>CARAC CREAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FLUORAC CREAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SOLARAVIX PAK</td>
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**ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

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<tbody>
<tr>
<td>diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>fluouracil cream (EFUDEX CREAM equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>FLUOROPLEX CREAM</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>FLUOROURACIL CREAM 0.5%</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>FLUOROURACIL SOLN</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>EFUDEX CREAM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>PICATO GEL (QL= 1 box/fill)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>SOLARAZE GEL (QL= 300gm/30 days)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>PANRETIN GEL</td>
<td>KMS-P-A</td>
<td>4</td>
</tr>
<tr>
<td>TARGETIN GEL</td>
<td>KMS-P-A</td>
<td>4</td>
</tr>
<tr>
<td>VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>CARAC CREAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FLUORAC CREAM</td>
<td>-</td>
<td>NC</td>
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<td>SOLARAVIX PAK</td>
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**ANTIPRURITICS - TOPICAL**

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<tbody>
<tr>
<td>DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM</td>
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**ANTIPSORIATICS**

<table>
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<th>Special Code</th>
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<tbody>
<tr>
<td>diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)</td>
<td>PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>fluouracil cream (EFUDEX CREAM equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>FLUOROPLEX CREAM</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>FLUOROURACIL CREAM 0.5%</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>FLUOROURACIL SOLN</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>EFUDEX CREAM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>PICATO GEL (QL= 1 box/fill)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>SOLARAZE GEL (QL= 300gm/30 days)</td>
<td>PA-QL</td>
<td>3</td>
</tr>
<tr>
<td>PANRETIN GEL</td>
<td>KMS-P-A</td>
<td>4</td>
</tr>
<tr>
<td>TARGETIN GEL</td>
<td>KMS-P-A</td>
<td>4</td>
</tr>
<tr>
<td>VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>CARAC CREAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>FLUORAC CREAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SOLARAVIX PAK</td>
<td>-</td>
<td>NC</td>
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</tbody>
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<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>STELARA INJ</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>TALTZ INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TREMFYA INJ</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>VECTICAL OINT</td>
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**DERMATOLOGICALS Cont.**

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<tr>
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<tr>
<td>STELARA INJ</td>
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<tr>
<td>TALTZ INJ</td>
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<td>NC</td>
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<tr>
<td>TREMFYA INJ</td>
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**ANTISEBORRHEIC PRODUCTS**

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<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>seb-prev cream (OVACE CREAM equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>selenium sulfide lotion</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>selenium sulfide shampoo (SELSEB equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>sodium sulfacetamide gel (OVACE PLUS equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>sodium sulfacetamide shampoo (OVACE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>sodium sulfacetamide/urea pad (ROSULA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>OVACE PLUS CREAM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>OVACE PLUS GEL</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>OVACE PLUS SHAMPOO</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ROSULA PAD</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ESKATA SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>OVACE PLUS LOTION</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>OVACE PLUS FOAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>OVACE WASH</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>selenium sulfide shampoo 2.3% (SELRX equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>SELRX SHAMPOO 2.3%</td>
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<td>NC</td>
</tr>
<tr>
<td>sodium sulfacetamide wash (OVACE WASH equiv)</td>
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**ANTIVIRALS - TOPICAL**

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<tr>
<td>acyclovir cream (ZOVIRAX equiv)</td>
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<tr>
<td>acyclovir oint (ZOVIRAX OINT equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>DENAVIR CREAM</td>
<td>-</td>
<td>2</td>
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<tr>
<td>ZOVIRAX CREAM</td>
<td>-</td>
<td>3</td>
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<tr>
<td>XERESE CREAM</td>
<td>-</td>
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<td>ZOVIRAX OINT</td>
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**BURN PRODUCTS**

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<tr>
<td>silver sulfadiazine cream (SILVADENE CREAM equiv)</td>
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</tr>
<tr>
<td>SULFAMYLON CREAM</td>
<td>-</td>
<td>2</td>
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<tr>
<td>SILVADENE CREAM</td>
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<td>SULFAMYLON PACK</td>
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**CORTICOSTEROIDS - TOPICAL**

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<tbody>
<tr>
<td>alclometasone cream (ACLOVATE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>alclometasone oint (ACLOVATE OINT equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>betamethasone augmented cream (DIPROLENE AF CREAM equiv)</td>
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</tr>
<tr>
<td>BETAMETHASONE AUGMENTED GEL</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>betamethasone augmented lotion (DIPROLENE LOTION equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>betamethasone augmented oint (DIPROLENE OINT equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>betamethasone dipropionate cream (DIPROSONE CREAM equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>betamethasone dipropionate lotion</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>betamethasone dipropionate oint (DIPROSONE OINT equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>betamethasone valerate cream</td>
<td>-</td>
<td>1</td>
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<tr>
<td>betamethasone valerate lotion</td>
<td>-</td>
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</tbody>
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<tr>
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<tr>
<td>calcipotriene/betamethasone oint (TACLONEX equiv)</td>
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</tr>
<tr>
<td>clobetasol foam (OLUX equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>clobetasol lotion (CLOBEX equiv)</td>
<td>PA</td>
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</tr>
<tr>
<td>clobetasol propionate cream (TEMOVATE equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>clobetasol propionate emollient cream (TEMOVATE E equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>clobetasol propionate gel (TEMOVATE GEL equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>clobetasol propionate oint (TEMOVATE equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>clobetasol propionate soln (TEMOVATE equiv)</td>
<td>PA</td>
<td>1</td>
</tr>
<tr>
<td>clobetasol shampoo (CLOBEX equiv)</td>
<td>PA</td>
<td>1</td>
</tr>
<tr>
<td>clobetasol spray (CLOBEX equiv)</td>
<td>PA</td>
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</tr>
<tr>
<td>desoximetasone cream (TOPICORT CREAM equiv)</td>
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<tr>
<td>desoximetasone gel (TOPICORT equiv)</td>
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</tr>
<tr>
<td>desoximetasone oint (TOPICORT equiv)</td>
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</tr>
<tr>
<td>fluocinolone acetonide cream</td>
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---

**Coverage Legend:**
- **NC** = Not Covered
- **EXC** = Plan Exclusion
- **LD** = Limited Distribution
- **MSP** = Mandatory Specialty Pharmacy Program
- **M** = Medical Benefit
- **KMS** = Kroger Mandatory Specialty Pharmacy Program
- **OTC** = Over-the-Counter
- **PA** = Prior Authorization
- **INF** = Infertility
- **LMSP** = Lumicera Mandatory Specialty Pharmacy Program
- **LS** = Limited to two 15 day fills per month for first 3 months
- **RS** = Restricted to Specialist
- **SP** = Available through Specialty Pharmacy Program
- **ST** = Step Therapy
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<td>imiquimod cream (ALDARA equiv)</td>
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<td>tacrolimus oint (PROTOPIC OINT equiv)</td>
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<td>BENZOCANE/LIDOCAINE/TETRACAINE OINT</td>
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<td>capsaicin/menthol topical patch (SINELEE equiv)</td>
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<td>GEN7T LOTION</td>
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*Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.*
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### MISC. TOPICAL

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<td>aluminum chloride soln (DRYSOL equiv)</td>
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<td>DRYSOL SOLN</td>
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<td>HYCLODEX SOLN</td>
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### PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

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### PIGMENTING-DEPIGMENTING AGENTS

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### ROSACEA AGENTS

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<tr>
<td>metronidazole cream (METROCREAM equiv)</td>
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<tr>
<td>metronidazole gel (METROGEL equiv)</td>
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<tr>
<td>metronidazole lotion (METROLOTION equiv)</td>
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<td>METROGEL 1%</td>
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<tr>
<td>NORITATE CREAM (Step Therapy requires trial of FINACEA)</td>
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<td>DOXYCYCLINE CAP, ORACEA CAP</td>
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**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.
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<th>DrugName</th>
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<td>lindane shampoo</td>
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<td>malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)</td>
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<tr>
<td>permethrin cream (ELIMITE CREAM equiv)</td>
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<td>NATROBA SUSP (QL= 1 bottle/fill)</td>
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<td>OVIDE LOTION (QL= 2 bottles/fill)</td>
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<td>SKLICE LOTION (QL= 1 tube/fill)</td>
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<td>ULESFIA LOTION (QL= 4 bottles/fill)</td>
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<td>cicatrice kit (REXASIL equiv)</td>
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<td>ACCU-CHEK SMARTVIEW TEST STRIP (Limited to 50 strips per month for members not on diabetes medication)</td>
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**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. **Products listed may not be all inclusive and are subject to change.**
### DIAGNOSTIC PRODUCTS Cont.

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#### RADIOGRAPHIC CONTRAST MEDIA

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### DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

#### DIETARY MANAGEMENT PRODUCTS

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### DIGESTIVE AIDS

#### DIGESTIVE ENZYMES

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<td>PANCREAZE CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PANCRELIPASE CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SUCRAID SOLN</td>
<td>-</td>
<td>NC</td>
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#### DIURETICS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>acetazolamide ER cap (DIAMOX SEQUEL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>acetazolamide tab</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>methazolamide tab (NEPTAZANE equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>DIAMOX SEQUEL CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NEPTAZANE TAB</td>
<td>-</td>
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</tbody>
</table>

#### DIURETIC COMBINATIONS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>amiloride/hydrochlorothiazide tab (MODURETIC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.
<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>triamterene/hydrochlorothiazide cap (DYAZIDE equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>triamterene/hydrochlorothiazide tab (MAXZIDE equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg</td>
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<td>2</td>
</tr>
<tr>
<td>ALDACTAZIDE TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>ALDACTAZIDE TAB 50-50MG</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>DYAZIDE CAP</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>MAXZIDE TAB</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

**DIURETICS Cont.**

**LOOP DIURETICS**

- bumetanide tab (BUMEX equiv) - 1
- ethacrynic tab (EDECRIN equiv) - 1
- FUROSEMIC SOLN
- furosemide soln (LASIX equiv) - 1
- furosemide tab (LASIX equiv) - 1
- torsemide tab (DEMADEX equiv) - 1
- DEMADEX TAB - 3
- EDECRIN TAB - 3
- LASIX TAB - 3

**POTASSIUM SPARING DIURETICS**

- alimoride tab (MIDAMOR equiv) - 1
- spironolactone tab (ALDACTONE equiv) - 1
- ALDACTONE TAB - 3
- MIDAMOR TAB - 3
- CAROSPIR SUSP - NC
- DYRENIUM CAP - NC
- triamterene cap (DYRENIUM equiv) - NC

**THIAZIDES AND THIAZIDE-LIKE DIURETICS**

- CHLOROTHIAZIDE TAB - 1
- chlorothiazide tab (DIURIL equiv) - 1
- CHLORTHALIDONE TAB - 1
- hydrochlorothiazide cap (MICROZIDE equiv) - 1
- hydrochlorothiazide tab (HYDRODIURIL equiv) - 1
- indapamide tab (LOZOL equiv) - 1
- METHYLCLOTHIAZIDE TAB - 1
- metolazone tab (ZAROXOLYN equiv) - 1
- DIURIL SUSP - 2
- MICROZIDE CAP - 3
- ZAROXOLYN TAB - 3

**ENDOCRINE AND METABOLIC AGENTS - MISC.**

**BONE DENSITY REGULATORS**

- alendronate tab (FOSAMAX equiv) - 1
- ETIDRONATE DISODIUM TAB 400MG - 1
- ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate) QL-ST 1
- risendronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) ST 1
- risendronate tab (ACTONEL equiv) (Step Therapy requires trial of alendronate) ST 1
- ALENDRONATE TAB 40MG - 2

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.
## ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>ACTONEL TAB (Step Therapy requires trial of alendronate)</td>
<td>ST</td>
<td>3</td>
</tr>
<tr>
<td>ATELVIA TAB (Step Therapy requires trial of alendronate)</td>
<td>ST</td>
<td>3</td>
</tr>
<tr>
<td>BONIVA TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)</td>
<td>QL-ST</td>
<td>3</td>
</tr>
<tr>
<td>FOSAMAX+D TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SKELID TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NATPARA INJ (Only available through Walgreens 888-347-3416)</td>
<td>LD-PA</td>
<td>4</td>
</tr>
<tr>
<td>TYMLOS INJ</td>
<td>KMSP</td>
<td>4</td>
</tr>
<tr>
<td>PROLIA INJ</td>
<td>M</td>
<td>M</td>
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<tr>
<td>BINOSTO TAB</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>FORTICAL NASAL SPRAY</td>
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### CALCIUM REGULATORS - MISC.

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<tbody>
<tr>
<td>calcitonin nasal spray (MIACALCIN equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>etidronate disodium tab 200mg (DIDRONEL equiv)</td>
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</tr>
<tr>
<td>ALENDRONATE SOLN</td>
<td>-</td>
<td>3</td>
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<tr>
<td>FOSAMAX TAB</td>
<td>-</td>
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<tr>
<td>FORTEO INJ</td>
<td>KMSP</td>
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</tr>
<tr>
<td>MIACALCIN INJ</td>
<td>KMSP</td>
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<tr>
<td>MIACALCIN NASAL SPRAY</td>
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### FERTILITY REGULATORS

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<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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<tbody>
<tr>
<td>BRAVELLE INJ</td>
<td>INF</td>
<td>NC</td>
</tr>
<tr>
<td>CLOMIPHENE CITRATE POWDER</td>
<td>INF</td>
<td>NC</td>
</tr>
<tr>
<td>CLOMIPHENE CITRATE TAB</td>
<td>INF</td>
<td>NC</td>
</tr>
<tr>
<td>clomiphene citrate tab (CLOMID equiv)</td>
<td>INF</td>
<td>NC</td>
</tr>
<tr>
<td>FOLLISTIM AQ INJ</td>
<td>INF</td>
<td>NC</td>
</tr>
<tr>
<td>GONAL-F RFF INJ</td>
<td>INF</td>
<td>NC</td>
</tr>
<tr>
<td>MENOPUR INJ</td>
<td>INF</td>
<td>NC</td>
</tr>
<tr>
<td>OVIDREL INJ</td>
<td>INF</td>
<td>NC</td>
</tr>
<tr>
<td>PREGNYL INJ</td>
<td>INF</td>
<td>NC</td>
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### GNRH/LHRH ANTAGONISTS

<table>
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<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>ORILISSA TAB 150MG (QL= 1 tab/day)</td>
<td>PA-QL</td>
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<tr>
<td>ORILISSA TAB 200MG (QL= 2 tabs/day)</td>
<td>PA-QL</td>
<td>2</td>
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<tr>
<td>CETROTIDE INJ</td>
<td>INF</td>
<td>NC</td>
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</table>

### GROWTH HORMONE RECEPTOR ANTAGONISTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOMAVER INJ (Only available through Walgreens 888-347-3416)</td>
<td>LD-PA</td>
<td>4</td>
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### GROWTH HORMONE RELEASING HORMONES (GHRH)

<table>
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<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>EGRIFTA INJ</td>
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### GROWTH HORMONES

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<th>Special Code</th>
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<tbody>
<tr>
<td>GENOTROPIN INJ</td>
<td>KMSP-Pa</td>
<td>4</td>
</tr>
<tr>
<td>HUMATROPE INJ, ZOMACTON INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>NORDITROPIN INJ, NUTROPIN AQ INJ, OMNITROPE INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ</td>
<td>-</td>
<td>NC</td>
</tr>
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### HORMONE RECEPTOR MODULATORS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>raloxifene tab (EVISTA equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)</td>
<td>-</td>
<td>$0</td>
</tr>
<tr>
<td>EVISTA TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>OSPHENA TAB</td>
<td>-</td>
<td>NC</td>
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</table>

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.
# Endocrine and Metabolic Agents - Misc. Cont.

## Insulin-Like Growth Factors (SOMATOMEDINS)

<table>
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<tr>
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<th>Special Code</th>
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<tbody>
<tr>
<td>INCRELEX INJ</td>
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## LHRH/GNRH Agonist Analog Pituitary Suppressants

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<td>SYNAREL NASAL SOLN</td>
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<td>LUPRON DEPOT PED INJ</td>
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<td>M</td>
</tr>
<tr>
<td>LUPRON DEPOT-PED INJ</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>LUPANETA PACK</td>
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### Metabolic Modifiers

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<th>Drug Name</th>
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<tr>
<td>calcitriol cap (ROCALTROL equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>calcitriol soln (ROCALTROL equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>doxercalciferol cap (HECTOROL equiv)</td>
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</tr>
<tr>
<td>levocarnitine soln (CARNITOR equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>levocarnitine tab (CARNITOR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>paricalcitol cap (ZEMPLAR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>sodium phenylbutyrate powder (BUPHENYL equiv)</td>
<td>KMSP</td>
<td>1</td>
</tr>
<tr>
<td>CARNITOR SOLN</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CARNITOR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>HECTOROL CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ROCALTROL CAP</td>
<td>-</td>
<td>3</td>
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<tr>
<td>ROCALTROL SOLN</td>
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<tr>
<td>ZEMPLAR CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CARBAGLU TAB (Only available through Accredo 888-773-7376)</td>
<td>LD-PA</td>
<td>4</td>
</tr>
<tr>
<td>cinacalcet tab (SENSIPAR equiv)</td>
<td>LMSP</td>
<td>4</td>
</tr>
<tr>
<td>KUVAN POWDER PACK (Only available through Walgreens 888-347-3416)</td>
<td>LD-PA</td>
<td>4</td>
</tr>
<tr>
<td>KUVAN TAB (Only available through Walgreens 888-347-3416)</td>
<td>LD-PA</td>
<td>4</td>
</tr>
<tr>
<td>PALYNZIQ INJ (QL=1 inj/day; Only available through Diplomat Pharmacy 877-977-9118)</td>
<td>LD-PA-QL-SF</td>
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<tr>
<td>sodium phenylbutyrate tab (BUPHENYL equiv)</td>
<td>KMS</td>
<td>4</td>
</tr>
<tr>
<td>STRENISO INJ (Only available through PantherRx Pharmacy 855-726-8479)</td>
<td>LD-PA</td>
<td>4</td>
</tr>
<tr>
<td>ALDURAZYME INJ</td>
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<td>M</td>
</tr>
<tr>
<td>FABRAZYME INJ</td>
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<td>M</td>
</tr>
<tr>
<td>BUPHENYL POWDER</td>
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<tr>
<td>BUPHENYL TAB</td>
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</tr>
<tr>
<td>CALCITROL INJ</td>
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<tr>
<td>GALAFOLD CAP</td>
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<tr>
<td>MYALEPT INJ</td>
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</tr>
<tr>
<td>nitisinone cap (ORFADIN equiv)</td>
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<tr>
<td>NITRY TAB</td>
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<td>NC</td>
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<tr>
<td>ORFADIN CAP</td>
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<td>ORFADIN SUSP</td>
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<td>RAVICTI LIQUID</td>
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<td>RAYALDEE CAP</td>
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<td>SENSIPAR TAB</td>
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<tr>
<td>XURIDEN POWDER</td>
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## Posterior Pituitary Hormones

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<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>desmopressin acetate inj (DDAVP equiv)</td>
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</tr>
<tr>
<td>desmopressin acetate nasal spray (DDAVP equiv)</td>
<td>-</td>
<td>1</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>desmopressin acetate tab (DDAVP equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>desmopressin nasal soln (DDAVP equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>STIMATE NASAL SOLN</td>
<td>KMSP</td>
<td>2</td>
</tr>
<tr>
<td>DDAVP INJ</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>DDAVP NASAL SOLN</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>DDAVP NASAL SPRAY</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>DDAVP TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>NOCDURNA SL TAB</td>
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<tr>
<td>NOCTIVA EMULSION SPRAY</td>
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<td>cabergoline tab (DOSTINEX equiv)</td>
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<td>octreotide inj (SANDOSTATIN equiv)</td>
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<td>4</td>
</tr>
<tr>
<td>SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
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<tr>
<td>SANDOSTATIN INJ</td>
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<td>SANDOSTATIN LAR INJ KIT</td>
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</tr>
<tr>
<td>SOMATULINE INJ</td>
<td>NC</td>
<td></td>
</tr>
<tr>
<td>JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>SAMSCA TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>estradiol/norethindrone tab (ACTIVELLA equiv)</td>
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</tr>
<tr>
<td>jinteli tab (FEMHRT equiv)</td>
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<tr>
<td>PREMPHASE TAB, PREMPRO TAB</td>
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</tr>
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<td>ACTIVELLA TAB</td>
<td>-</td>
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<td>ANGELIQ TAB</td>
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<td>CLIMARA PRO PATCH</td>
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<td>PREFEST TAB</td>
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<tr>
<td>BIJUVA CAP</td>
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<tr>
<td>DUAVEE TAB</td>
<td>NC</td>
<td></td>
</tr>
<tr>
<td>esterified estrogens/methyltestosterone tab (ESTRATEST equiv)</td>
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<td>NC</td>
</tr>
<tr>
<td>ESTRATEST TAB</td>
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<td>estradiol patch (CLIMARA equiv)</td>
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<tr>
<td>estradiol patch (VIVELLE-DOT equiv)</td>
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<tr>
<td>estradiol tab (ESTRACE equiv)</td>
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<tr>
<td>ESTROPIMATE TAB</td>
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</tr>
<tr>
<td>estropipate tab (OGEN equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>PREMARIN TAB</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>ALORA PATCH</td>
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</tr>
<tr>
<td>CENESTIN TAB</td>
<td>-</td>
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</tr>
<tr>
<td>CLIMARA PATCH</td>
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Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.
<table>
<thead>
<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>DIVIGEL GEL, ELESTRIN GEL</td>
<td>-</td>
<td>3</td>
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<tr>
<td>ENJUVIA TAB</td>
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<tr>
<td>ESTRACE TAB</td>
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<tr>
<td>ESTRASORB EMULSION</td>
<td>-</td>
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<tr>
<td>EVAMIST SPRAY</td>
<td>-</td>
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<td>MENEST TAB</td>
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<td>MENOSTAR PATCH</td>
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<td>VIVELLE-DOT PATCH</td>
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**ESTROGENS Cont.**

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<tbody>
<tr>
<td>FLUOROQUINOLONES</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>ciprofloxacin susp (CIPRO equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ciprofloxacin tab (CIPRO equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>levofloxacin soln (LEVAQUIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>levofloxacin tab (LEVAQUIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>moxifloxacin tab (AVELOX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ofloxacin tab (FLOXIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>AVELOX TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CIPRO SUSP 5%</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CIPRO TAB</td>
<td>-</td>
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</tr>
<tr>
<td>CIPRO XR TAB</td>
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</tr>
<tr>
<td>CIPROFLOXACIN 100MG TAB</td>
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</tr>
<tr>
<td>CIPROFLOXACIN ER TAB</td>
<td>-</td>
<td>3</td>
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<tr>
<td>LEVAQUIN SOLN</td>
<td>-</td>
<td>3</td>
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<tr>
<td>LEVAQUIN TAB</td>
<td>-</td>
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</tr>
<tr>
<td>NOROXIN TAB</td>
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</tr>
<tr>
<td>BAXDELA TAB</td>
<td>-</td>
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</tr>
<tr>
<td>FACTIVE TAB</td>
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<tr>
<td>PROQUIN XR TAB</td>
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**FLUOROQUINOLONES**

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<tr>
<td>ciprofloxacin tab (CIPRO equiv)</td>
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<tr>
<td>levofloxacin soln (LEVAQUIN equiv)</td>
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</tr>
<tr>
<td>levofloxacin tab (LEVAQUIN equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>moxifloxacin tab (AVELOX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ofloxacin tab (FLOXIN equiv)</td>
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</tr>
<tr>
<td>CIPRO SUSP 5%</td>
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<tr>
<td>CIPRO TAB</td>
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</tr>
<tr>
<td>CIPRO XR TAB</td>
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<tr>
<td>CIPROFLOXACIN 100MG TAB</td>
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<tr>
<td>CIPROFLOXACIN ER TAB</td>
<td>-</td>
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</tr>
<tr>
<td>LEVAQUIN SOLN</td>
<td>-</td>
<td>3</td>
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<tr>
<td>LEVAQUIN TAB</td>
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<td>3</td>
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<tr>
<td>NOROXIN TAB</td>
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**GASTROINTESTINAL AGENTS - MISC.**

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<tr>
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**5-HT4 RECEPTOR AGONISTS**

<table>
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**AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)**

<table>
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<tr>
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<tbody>
<tr>
<td>TRULANCE TAB</td>
<td>PA</td>
<td>2</td>
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**BILE ACID SYNTHESIS DISORDER AGENTS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)</td>
<td>LD-PA</td>
<td>4</td>
</tr>
</tbody>
</table>

**FARNESOIDE X RECEPTOR (FXR) AGONISTS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCALIVA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)</td>
<td>LD-PA-QL-SF</td>
<td>4</td>
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**GALLSTONE SOLUBILIZING AGENTS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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<tbody>
<tr>
<td>ursodiol cap (ACTIGALL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ursodiol tab (URSO (FORTE) equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ACTIGALL CAP</td>
<td>-</td>
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</tr>
<tr>
<td>URSO FORTE TAB</td>
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**GASTROINTESTINAL ANTIALLERGY AGENTS**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>cromolyn conc (GASTROCROM equiv)</td>
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</tr>
<tr>
<td>GASTROCROM CONC</td>
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</tbody>
</table>

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---

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### Gastrointestinal Agents - Misc. Cont.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
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<tbody>
<tr>
<td><strong>Gastrointestinal Chloride Channel Activators</strong></td>
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<tr>
<td>AMITIZA CAP</td>
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<tr>
<td><strong>Gastrointestinal Stimulants</strong></td>
<td></td>
<td></td>
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<tr>
<td>metoclopramide soln (REGLAN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>metoclopramide tab (REGLAN equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>REGLAN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>METOZOLV ODT</td>
<td>-</td>
<td>NC</td>
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<tr>
<td><strong>Inflammatory Bowel Agents</strong></td>
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</tr>
<tr>
<td>balsalazide cap (COLAZAL equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>mesalamine DR tab (LIALDA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>mesalamine enema (ROWASA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>mesalamine ER cap (APRISO equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>mesalamine supp (CANASA equiv)</td>
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</tr>
<tr>
<td>sulfasalazine EC tab (AZULFIDINE equiv)</td>
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</tr>
<tr>
<td>sulfasalazine tab (AZULFIDINE equiv)</td>
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<tr>
<td>AZULFIDINE EN TAB</td>
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<td>3</td>
</tr>
<tr>
<td>AZULFIDINE TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>COLAZAL CAP</td>
<td>-</td>
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</tr>
<tr>
<td>DIPENTUM CAP</td>
<td>-</td>
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<tr>
<td>SFROWASA ENEMA</td>
<td>-</td>
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<tr>
<td>CIMZIA INJ (QL= 2 inj/28 days)</td>
<td>LMSP-PA-QL</td>
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<tr>
<td>CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)</td>
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<tr>
<td>APRISO CAP</td>
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<td>ASACOL HD TAB</td>
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<td>ASACOL HD TAB, MESALAMINE TAB</td>
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<td>DELZICOL CAP</td>
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<tr>
<td>LIALDA TAB</td>
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<tr>
<td>mesalamine DR cap (DELZICOL equiv)</td>
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<tr>
<td>mesalamine tab (ASACOL equiv)</td>
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<tr>
<td>PENTASA CAP</td>
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<td>ROWASA KIT</td>
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<tr>
<td><strong>Intestinal Acidifiers</strong></td>
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<tr>
<td>lactulose soln</td>
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<tr>
<td><strong>Irritable Bowel Syndrome (IBS) Agents</strong></td>
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<tr>
<td>alosetron tab (LOTRONEX equiv)</td>
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<td>LOTRONEX TAB</td>
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<tr>
<td>LINZESS CAP</td>
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<td>VIBERZI TAB</td>
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<tr>
<td><strong>Peripheral Opioid Receptor Antagonists</strong></td>
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<td>MOVANTIK TAB</td>
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<td>SYMPROIC TAB</td>
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<td>RELISTOR INJ</td>
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<tr>
<td>RELISTOR INJ KIT</td>
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<tr>
<td><strong>Phosphate Binder Agents</strong></td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
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</thead>
<tbody>
<tr>
<td>calcium acetate cap (PHOSLO equiv)</td>
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</tr>
<tr>
<td>calcium acetate tab (ELIPHOS equiv)</td>
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</tr>
<tr>
<td>lanthanum carbonate chew tab (FOSRENOL equiv)</td>
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</tr>
<tr>
<td>sevelamer hydrochloride tab (RENAGEL equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>sevelamer powder pak (RENEVELA equiv)</td>
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</tr>
<tr>
<td>sevelamer tab (RENEVELA TAB equiv)</td>
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</tr>
<tr>
<td>FOSRENOL POWDER PACK</td>
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<td>PHOSLYRA SOLN</td>
<td>-</td>
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<tr>
<td>AURYXIA TAB</td>
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<tr>
<td>ELIPHOS TAB</td>
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<td>3</td>
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<tr>
<td>FOSRENOL CHEW TAB</td>
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<td>RENVELA TAB</td>
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<td>VELPHORO CHEW TAB</td>
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<td>RENAGEL TAB</td>
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<td>SEVELAMER CARBONATE TAB</td>
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### SHORT BOWEL SYNDROME (SBS) AGENTS

- GATTEX KIT: NC
- TRYPTOPHAN HYDROXYLASE INHIBITORS
  - XERMELO TAB: NC

### GENERAL ANESTHETICS

- ANESTHETICS - MISC.
  - KETAMINE HCL TROCHES: NC

### GENITOURINARY AGENTS - MISCELLANEOUS

#### ALKALINIZERS

- CYTRA-3 SYRUP: 1
- ORACIT SOLN: 1
- potassium citrate CR tab (UROCIT-K TAB equiv): 1
- potassium citrate/citric acid powder pack (POLYCITRA equiv): 1
- potassium citrate/citric acid soln (POLYCITRA-K equiv): 1
- sodium citrate/citric acid soln (BICITRA equiv): 1
- tricitrates soln (POLYCITRA-LC equiv): 1
- POLYCITRA CRYSTAL PACK: 3
- POLYCITRA-LC SOLN: 3
- UROCIT-K TAB: 3

### CYSTINOSIS AGENTS

- CYSTAGON CAP (Only available through CVS Specialty 800-238-7828): LD-PA, 4
- PROCYSBI GRANULES PACKET: NC

### GENITOURINARY IRRIGANTS

- sodium chloride 0.9% irr soln: 1

### INTERSTITIAL CYSTITIS AGENTS

- ELMIRON CAP: 2

### PROSTATIC HYPERTROPHY AGENTS

- alfuzosin SR tab (UROXATRAL equiv): 1

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<tbody>
<tr>
<td>dutasteride cap (AVODART equiv)</td>
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<td>dutasteride/tamsulosin cap (JALYN equiv)</td>
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<td>finasteride tab (PROSCAR equiv)</td>
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<td>silodosin cap (RAPAFLO equiv)</td>
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</tr>
<tr>
<td>tamsulosin cap (FLOMAX equiv)</td>
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<td>AVODART CAP</td>
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<tr>
<td>CARDURA XL TAB</td>
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<td>3</td>
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<tr>
<td>FLOMAX CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>JALYN CAP</td>
<td>-</td>
<td>3</td>
</tr>
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<td>PROSCAR TAB</td>
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<tr>
<td>RAPAFLO CAP</td>
<td>-</td>
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### URINARY ANALGESICS

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<tr>
<td>phenazopyridine tab (PYRIDIUM equiv)</td>
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### URINARY STONE AGENTS

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<tr>
<td>LITHOSTAT TAB</td>
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<tr>
<td>THIOLA EC TAB</td>
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### GOUT AGENTS

#### GOUT AGENT COMBINATIONS

<table>
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<tr>
<th>Drug Name</th>
<th>Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>colchicine/probenecid tab (COL-BENEMID equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>DUZALLO TAB</td>
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<td>NC</td>
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#### GOUT AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>allopurinol tab (ZYLOPRIM equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>colchicine tab (COLCRY5S equiv)</td>
<td>PA</td>
<td>1</td>
</tr>
<tr>
<td>febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)</td>
<td>ST</td>
<td>1</td>
</tr>
<tr>
<td>MITIGARE CAP</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>ULORIC TAB (Step Therapy requires trial of allopurinol)</td>
<td>ST</td>
<td>3</td>
</tr>
<tr>
<td>ZYLOPRIM TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>COLCHICINE CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>COLCRY5S TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>GLOPERBA SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ZURAMPIC TAB</td>
<td>-</td>
<td>NC</td>
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</tbody>
</table>

### URICOSURICS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>probenecid tab (BENEMID equiv)</td>
<td>-</td>
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### HEMATOLOGICAL AGENTS - MISC.

### ANTIHEMOPHILIC PRODUCTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Code</th>
<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>HEMLIBRA INJ</td>
<td>LMSP-PA</td>
<td>4</td>
</tr>
<tr>
<td>AFSTYLA KIT</td>
<td>-</td>
<td>NC</td>
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</table>

### BRADYKININ B2 RECEPTOR ANTAGONISTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>icatibant inj (FIRAZYR equiv)</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>FIRAZYR INJ</td>
<td>-</td>
<td>NC</td>
</tr>
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### COMPLEMENT INHIBITORS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>CINRYZE INJ</td>
<td>M</td>
<td>M</td>
</tr>
</tbody>
</table>

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

*NC = Not Covered*

<table>
<thead>
<tr>
<th>EXC</th>
<th>Plan Exclusion</th>
<th>INF</th>
<th>LMP</th>
<th>M</th>
<th>KMP</th>
<th>CAP</th>
<th>LET</th>
</tr>
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<tbody>
<tr>
<td>LD</td>
<td>Limited Distribution</td>
<td>LMSP</td>
<td>LMP</td>
<td>M</td>
<td>KMP</td>
<td>CAP</td>
<td>LET</td>
</tr>
<tr>
<td>MSP</td>
<td>Mandatory Specialty Pharmacy Program</td>
<td>OTC</td>
<td>OTC</td>
<td>PA</td>
<td>PA</td>
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</tr>
<tr>
<td>QL</td>
<td>Quantity Limit</td>
<td>RS</td>
<td>R</td>
<td>SF</td>
<td>SF</td>
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<tr>
<td>SMKG</td>
<td>Smoking Cessation</td>
<td>SP</td>
<td>S</td>
<td>ST</td>
<td>ST</td>
<td>ST</td>
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**Brands:**

- KMP: Kroger Mandatory Specialty Pharmacy Program
- M: Medical Benefit
- PA: Prior Authorization
- SF: Limited to two 15 day fills per month for first 3 months
- ST: Step Therapy

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>BERINERT INJ</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>HAEGARDA INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>RUCONEST INJ</td>
<td>-</td>
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**HEMATOLOGICAL AGENTS - MISC. Cont.**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)</td>
<td>LD-PA-QL-SF</td>
<td>4</td>
</tr>
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**HEMATORHEOLOGIC AGENTS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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</thead>
<tbody>
<tr>
<td>pentoxifylline ER tab (TRENTAL equiv)</td>
<td>1</td>
</tr>
<tr>
<td>TRENTAL TAB</td>
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**PLASMA KALLIKREIN INHIBITORS**

<table>
<thead>
<tr>
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<th>Special Code</th>
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</thead>
<tbody>
<tr>
<td>TAKHZYRO INJ</td>
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**PLATELET AGGREGATION INHIBITORS**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>anagrelide cap (AGRYLIN equiv)</td>
<td>1</td>
</tr>
<tr>
<td>aspirin/dipyridamole cap (AGGRENOX equiv)</td>
<td>1</td>
</tr>
<tr>
<td>cilostazol tab (PLETAL equiv)</td>
<td>1</td>
</tr>
<tr>
<td>clopidogrel tab 75mg (PLAVIX equiv)</td>
<td>1</td>
</tr>
<tr>
<td>dipyridamole tab (PERSANTINE equiv)</td>
<td>1</td>
</tr>
<tr>
<td>prasugrel tab (EFFIENT equiv)</td>
<td>1</td>
</tr>
<tr>
<td>TICLOPIDINE TAB</td>
<td>1</td>
</tr>
<tr>
<td>ticlopidine tab (TICLID equiv)</td>
<td>1</td>
</tr>
<tr>
<td>AGRPHNOX CAP</td>
<td>3</td>
</tr>
<tr>
<td>AGRYLIN CAP</td>
<td>3</td>
</tr>
<tr>
<td>BRILINTA TAB</td>
<td>3</td>
</tr>
<tr>
<td>EFFIENT TAB</td>
<td>3</td>
</tr>
<tr>
<td>PERSANTINE TAB</td>
<td>3</td>
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<tr>
<td>PLAVIX TAB 75MG</td>
<td>3</td>
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<tr>
<td>PLETTAL TAB</td>
<td>3</td>
</tr>
<tr>
<td>ZONTIVITY TAB (Restricted to Cardiology Specialist)</td>
<td>RS 3</td>
</tr>
<tr>
<td>CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)</td>
<td>LD-PA-QL 4</td>
</tr>
<tr>
<td>ASPIRIN/OMEPRAZOLE ER TAB</td>
<td>NC</td>
</tr>
<tr>
<td>CLOPIDOGREL THERAPY PACK</td>
<td>NC</td>
</tr>
<tr>
<td>PLAVIX TAB 300MG</td>
<td>NC</td>
</tr>
<tr>
<td>YOSPRALA TAB</td>
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</table>

**HEMATOPOIETIC AGENTS**

**AGENTS FOR GAUCHER DISEASE**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CERDELGA CAP</td>
<td>MSP-PA 4</td>
</tr>
<tr>
<td>miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376 )</td>
<td>LD-PA 4</td>
</tr>
<tr>
<td>CEREZYME INJ</td>
<td>M M</td>
</tr>
<tr>
<td>ZAVESCA CAP</td>
<td>NC</td>
</tr>
</tbody>
</table>

**AGENTS FOR SICKLE CELL ANEMIA**

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DROXIA CAP</td>
<td>2</td>
</tr>
<tr>
<td>ENDARI POWDER PACK</td>
<td>NC</td>
</tr>
<tr>
<td>OXBRYTA TAB</td>
<td>NC</td>
</tr>
<tr>
<td>SIKLOS TAB</td>
<td>NC</td>
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**COBALAMINS**

<table>
<thead>
<tr>
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<th>Special Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>cyanocobalamin inj</td>
<td>1</td>
</tr>
</tbody>
</table>

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## HEMATOPOIETIC AGENTS Cont.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>NASCOBAL NASAL SPRAY</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CALOMIST NASAL SPRAY</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

### FOLIC ACID/FOLATES

- **folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)**
  - $0
- **folic acid tab 400mcg (Covered for females only)**
  - OTC, $0
- **folic acid tab 800mcg (Covered for females only)**
  - OTC, $0

### HEMATOPOIETIC GROWTH FACTORS

- **ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)**
  - KMSP-ST, 4
- **DOPTELET TAB (QL= 2 tabs/day)**
  - KMSP-PA-QL, 4
- **EPOGEN INJ**
  - KMSP, 4
- **FULPHILA INJ**
  - KMSP, 4
- **NEUMEGA INJ**
  - KMSP, 4
- **NIVESTYM INJ**
  - KMSP, 4
- **PROCRIT INJ**
  - KMSP, 4
- **PROMACTA TAB**
  - KMSP-PA, 4
- **RETACRIT INJ**
  - KMSP, 4
- **ZIREXIO INJ**
  - KMSP, 4
- **ZIEXTENZO INJ**
  - KMSP, 4
- **GRANIX INJ**
  - -, NC
- **LEUKINE INJ**
  - -, NC
- **MIRCERA INJ**
  - -, NC
- **MULPLETA TAB**
  - -, NC
- **NEULASTA INJ**
  - -, NC
- **NEUPOGEN INJ**
  - -, NC
- **PROMACTA POWDER**
  - -, NC
- **REBLOZYL INJ**
  - -, NC
- **UDENYCA INJ**
  - -, NC

### HEMATOPOIETIC MIXTURES

- **ferrex 150 forte cap**
  - -, 1
- **ferrex 150 forte cap (NIFEREX 150 FORTE equiv)**
  - -, 1
- **folbee tab**
  - -, 1
- **IRON POLYSACCH/THREONIC ACID/B12/FA CAP**
  - -, 1
- **multigen folic tab (CHROMAGEN FA equiv)**
  - -, 1
- **multigen plus tab (CHROMAGEN FORTE equiv)**
  - -, 1
- **multigen tab (CHROMAGEN equiv)**
  - -, 1
- **multivitamin tab**
  - -, 1
- **tricon cap (TRINSICON equiv)**
  - -, 1
- **NEPHRON FA TAB**
  - -, 2
- **CHROMAGEN FA TAB**
  - -, 3
- **FERREX 28 TAB**
  - -, 3
- **MULTIVITAMIN TAB**
  - -, 3
- **BIFERARX TAB**
  - -, NC
- **B-SERENE PAD**
  - -, NC
- **CYFOLEX CAP**
  - -, NC
- **FOLITE TAB**
  - -, NC
- **folvite-d tab (GENICIN equiv)**
  - -, NC

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### HEMATOPOIETIC AGENTS Cont.

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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<tbody>
<tr>
<td>PUREFOLIX TAB</td>
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<tr>
<td><strong>IRON</strong></td>
<td></td>
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<tr>
<td>ferrous sulfate elixir (Covered for members 1 year or younger)</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>FERROUS SULFATE LIQUID (Covered for members 1 year or younger)</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>ferrous sulfate soln (Covered for members 1 year or younger)</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>FERROUS SULFATE SYRUP (Covered for members 1 year or younger)</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>IRON SUSP (Covered for members 1 year or younger)</td>
<td>OTC</td>
<td>$0</td>
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### HEMOSTATICS

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<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td><strong>HEMOSTATICS - SYSTEMIC</strong></td>
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</tr>
<tr>
<td>aminocaproic acid soln (AMICAR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>aminocaproic acid syrup (AMICAR equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>aminocaproic acid tab (AMICAR equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>tranexamic acid tab (LYSTEDA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>AMICAR SOLN</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>AMICAR SYRUP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>AMICAR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LYSTEDA TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CYKLOKAPRON INJ</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>tranexamic acid inj (CYKLOKAPRON equiv)</td>
<td>M</td>
<td>M</td>
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</table>

### HYPNOTICS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NON-BARBITURATE HYPNOTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td><strong>OREXIN RECEPTOR ANTAGONISTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELSOMRA TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td><strong>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ANTIHISTAMINE HYPNOTICS</strong></td>
<td></td>
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<tr>
<td>diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)</td>
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<tr>
<td><strong>BARBITURATE HYPNOTICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>phenobarbital elixir</td>
<td>-</td>
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</tr>
<tr>
<td>phenobarbital tab</td>
<td>-</td>
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<tr>
<td>BUTISOL ELIXIR</td>
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<td>BUTISOL TAB</td>
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</tr>
<tr>
<td>SECONAL CAP</td>
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<td>NC</td>
</tr>
<tr>
<td><strong>HYPNOTICS - TRICYCLIC AGENTS</strong></td>
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<tr>
<td>doxepin tab (SILENOR equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td><strong>NON-BARBITURATE HYPNOTICS</strong></td>
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<td></td>
</tr>
<tr>
<td>estazolam tab (PROSOM equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>FLURAZEPAM CAP</td>
<td>-</td>
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</tr>
<tr>
<td>temazepam cap 15mg (RESTORIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>temazepam cap 22.5mg (RESTORIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>temazepam cap 30mg (RESTORIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>temazepam cap 7.5mg (RESTORIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>triazolam tab (HALCION equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>zaleplon cap (SONATA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMBIEN TAB (Q= 1 tab/day)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>HALCION TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LUNESTA TAB (Q= 1 tab/day)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>PROSOM TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>RESTORIL CAP 15MG</td>
<td>-</td>
<td>3</td>
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<tr>
<td>RESTORIL CAP 22.5MG</td>
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<tr>
<td>RESTORIL CAP 30MG</td>
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<td>3</td>
</tr>
<tr>
<td>RESTORIL CAP 7.5MG</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SONATA CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>AMBIEN CR TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>DORAL TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>EDLUIAR SL TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>INTERMEZZO SL TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SOMNOTE CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>zolpidem ER tab (AMBIEN CR equiv)</td>
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<td>NC</td>
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<tr>
<td>zolpidem tartrate SL tab (INTERMEZZO equiv)</td>
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</tr>
<tr>
<td>ZOLPIMIST SPRAY</td>
<td>-</td>
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<tr>
<td><strong>SELECTIVE MELATONIN RECEPTOR AGONISTS</strong></td>
<td></td>
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<tr>
<td>ramelteon tab (ROZEREM equiv) (Q= 1 tab/day)</td>
<td>QL</td>
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<tr>
<td>ROZEREM TAB (Q= 1 tab/day)</td>
<td>QL</td>
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<tr>
<td>HETLIOZ CAP</td>
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### LAXATIVES

#### LAXATIVE COMBINATIONS

<table>
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<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>GAVILYTE-C SOLN (Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)</td>
<td>QL</td>
<td>$0</td>
</tr>
<tr>
<td>peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)</td>
<td>QL</td>
<td>$0</td>
</tr>
<tr>
<td>trilysol (NULYTELY equiv) (Covered at $0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)</td>
<td>QL</td>
<td>$0</td>
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<tr>
<td>GOLYTELY PACKET</td>
<td>-</td>
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</tr>
<tr>
<td>CLENPIQ SOLN</td>
<td>-</td>
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</tr>
<tr>
<td>COLYTE SOLN</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>MOVIPREP SOLN (Step Therapy requires trial of CLENPIQ)</td>
<td>ST</td>
<td>3</td>
</tr>
<tr>
<td>SUPREP SOLN (Step Therapy requires trial of CLENPIQ)</td>
<td>ST</td>
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<tr>
<td>gavilette-h kit</td>
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<tr>
<td>GOLYTELY SOLN</td>
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<tr>
<td>HALFLYTELY BOWEL PREP KIT</td>
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<tr>
<td>NULYTELY SOLN</td>
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<tr>
<td>PLENVU SOLN</td>
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<tr>
<td>PREPOPIK PAK</td>
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<tr>
<td>SUCLEAR KIT</td>
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#### LAXATIVES - MISCELLANEOUS

<table>
<thead>
<tr>
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<th>Tier</th>
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<tbody>
<tr>
<td>lactulose soln</td>
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<td>1</td>
</tr>
<tr>
<td>GIALAX KIT</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>KRISTALOSE PACK</td>
<td>-</td>
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<tr>
<td>KRISTALOSE PACKET</td>
<td>-</td>
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**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.
### LAXATIVES Cont.

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<thead>
<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>MIRALAX PACKET</td>
<td>-</td>
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<tr>
<td>MIRALAX POWDER</td>
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<tr>
<td>polyethylene glycol 3350 powder (MIRALAX equiv)</td>
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### SALINE LAXATIVES

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<tbody>
<tr>
<td>OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)</td>
<td>ST</td>
<td>3</td>
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<tr>
<td>VISICOL TAB</td>
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### LOCAL ANESTHETICS-PARENTERAL

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<tr>
<td>ROPIVICAINE/CLONIDINE/KETOROLAC INJ</td>
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### MACROLIDES

#### AZITHROMYCIN

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<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>azithromycin susp (ZITHROMAX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>azithromycin tab (ZITHROMAX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ZITHROMAX POWDER PACK</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ZITHROMAX SUSP</td>
<td>-</td>
<td>3</td>
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<tr>
<td>ZITHROMAX TAB</td>
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<td>3</td>
</tr>
<tr>
<td>ZMAX SUSP</td>
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#### CLARITHROMYCIN

<table>
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<th>DrugName</th>
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<tbody>
<tr>
<td>clarithromycin ER tab (BIAXIN XL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>clarithromycin susp (BIAXIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>clarithromycin tab (BIAXIN equiv)</td>
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<tr>
<td>CLARITHROMYCIN SUSP</td>
<td>-</td>
<td>2</td>
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<tr>
<td>BIAxin SUSP</td>
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<tr>
<td>BIAxin TAB</td>
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</tr>
<tr>
<td>BIAxin XL TAB</td>
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#### ERYTHROMYCINS

<table>
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<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>erythromycin DR cap (ERYC equiv)</td>
<td>-</td>
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<tr>
<td>erythromycin ethylsuccinate susp (ERYPED equiv)</td>
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<tr>
<td>erythromycin stearate tab</td>
<td>-</td>
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</tr>
<tr>
<td>erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)</td>
<td>-</td>
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<tr>
<td>ERYTHROMYCIN ETHYLSUCCINATE TAB</td>
<td>-</td>
<td>3</td>
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<tr>
<td>PCE TAB</td>
<td>-</td>
<td>3</td>
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<tr>
<td>ERYPED SUSP</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>erythromycin tab (ERY-TAB equiv)</td>
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### FIDAXOMICIN

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<th>DrugName</th>
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<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN)</td>
<td>QL-ST</td>
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### MEDICAL DEVICES AND SUPPLIES

#### CONTRACEPTIVES

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<tr>
<th>DrugName</th>
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<th>Tier</th>
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<tbody>
<tr>
<td>CERVICAL CAP</td>
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<td>DIAPHRAGM</td>
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<tr>
<td>FEMALE CONDOMS</td>
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#### DIABETIC SUPPLIES

<table>
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<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>ACCU-CHEK AVIVA PLUS METER</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>ACCU-CHEK GUIDE CARE METER</td>
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<tr>
<td>ACCU-CHEK GUIDE ME KIT</td>
<td>OTC</td>
<td>$0</td>
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<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tr>
<td>EXC</td>
<td>Plan Exclusion</td>
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<td>LD</td>
<td>Limited Distribution</td>
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<td>MSP</td>
<td>Mandatory Specialty Pharmacy Program</td>
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<tr>
<td>QL</td>
<td>Quantity Limit</td>
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<tr>
<td>SMKG</td>
<td>Smoking Cessation</td>
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<table>
<thead>
<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>MEDICAL DEVICES AND SUPPLIES Cont.</td>
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<tr>
<td>ACCU-CHEK NANO METER</td>
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<td>FREESTYLE FREEDOM LITE METER</td>
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<tr>
<td>FREESTYLE INSULINX METER</td>
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<td>$0</td>
</tr>
<tr>
<td>FREESTYLE LITE METER</td>
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<td>$0</td>
</tr>
<tr>
<td>FREESTYLE PRECISION NEO METER</td>
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<td>$0</td>
</tr>
<tr>
<td>PRECISION XTRA METER</td>
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<td>LANCET KIT</td>
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<tr>
<td>LANCETS</td>
<td>OTC</td>
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<tr>
<td>FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)</td>
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<tr>
<td>FREESTYLE LIBRE SENSOR (10-DAY) (QL= 3 sensors/30 days)</td>
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<tr>
<td>FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)</td>
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<tr>
<td>V-GO INJ KIT (QL= 1 kit/day)</td>
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<tr>
<td>DIABETIC METER (all other diabetic meters)</td>
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<tr>
<td>NON-PREFERRED CGM RECEIVER</td>
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<tr>
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<td>NON-PREFERRED CGM TRANSMITTER</td>
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<td>OMNIPOD DASH PODS</td>
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<td>OMNIPOD STARTER KIT</td>
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<tr>
<td>MISC. DEVICES</td>
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<td>ORAL HYGIENE PRODUCTS</td>
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<td>PARENTERAL THERAPY SUPPLIES</td>
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<td>NOVOTWIST/NOVOFINE PEN NEEDLE</td>
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<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td><strong>MIGRAINE PRODUCTS</strong></td>
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<tr>
<td>ergotamine tartrate/caffeine tab (CAFERGOT equiv)</td>
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<tr>
<td>ACETAMINOPHEN/ISOMETHYPHEN/DICHLORAL CAP</td>
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<tr>
<td>acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)</td>
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<tr>
<td>ISOMETHYPHEN/CAFFEINE/ACETAMINOPHEN TAB</td>
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<td>isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)</td>
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<td>PRODRIN TAB</td>
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</tr>
<tr>
<td>sumatriptan/naproxen tab (TREXIMET equiv)</td>
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<td>TREXIMET TAB</td>
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<td><strong>ERGOMAR SL TAB</strong></td>
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<td>D.H.E. INJ</td>
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<td>dihydroergotamine mesylate inj (D.H.E. equiv)</td>
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<td>EMGALITY INJ</td>
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<td>EMGALITY INJ 100MG/ML</td>
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<td>UBRELVY TAB</td>
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<tr>
<td><strong>SEROTONIN AGONISTS</strong></td>
<td></td>
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</tr>
<tr>
<td>naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)</td>
<td>QL 1</td>
<td>1</td>
</tr>
<tr>
<td>rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)</td>
<td>QL 1</td>
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<tr>
<td>sumatriptan tab (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)</td>
<td>QL 1</td>
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<tr>
<td>SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)</td>
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<tr>
<td>AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)</td>
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<tr>
<td>IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)</td>
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<td>3</td>
</tr>
<tr>
<td>IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)</td>
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<tr>
<td>MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)</td>
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<tr>
<td>MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)</td>
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<tr>
<td>almotriptan tab (AXERT equiv)</td>
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<td>ALSUMA INJ, ZEMBRACE SYMTOUCH INJ</td>
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<td>AXERT TAB</td>
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<td>FROVA TAB</td>
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<tr>
<td>frovatriptan tab (FROVA equiv)</td>
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<td>IMITREX VIAL INJ</td>
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<td>ONZETRA XSAIL</td>
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<td>REYVOW TAB</td>
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<tr>
<td>SUMAVEL DOSEPRO INJ</td>
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</tbody>
</table>

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<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOSYMRA SOLN</td>
<td>-</td>
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</tr>
<tr>
<td>ZECUITY PAD</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>zolmitriptan ODT (ZOMIG equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>zolmitriptan tab (ZOMIG equiv)</td>
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<td>ZOMIG NASAL SPRAY</td>
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<tr>
<td>ZOMIG TAB</td>
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<td>ZOMIG ZMT</td>
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**MINERALS & ELECTROLYTES**

**CHLORIDE**

- AMMONIUM CHLORIDE INJ

**FLUORIDE**

- FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)
- LURIDE SOLN (Covered at $0 for members 5 years or younger; All other members covered at non-preferred brand copay)
- LURIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at non-preferred brand copay)
- SODIUM FLUORIDE LOZENGE (Covered at $0 for members 5 years or younger; All other members covered at generic copay)
- sodium fluoride soln (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)
- SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)
- sodium fluoride tab (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)
- FLUOR-A-DAY CHEW TAB

**MAGNESIUM**

- magnesium sulfate inj

**PHOSPHATE**

- phospha 250 neutral tab (K-PHOS NEUTRAL equiv)
- K-PHOS TAB
- K-PHOS NEUTRAL TAB

**POTASSIUM**

- K-TAB
- POT/CHLORIDE EFER TAB
- potassium bicarbonate effer tab (K-LYTE equiv)
- potassium chloride effer tab (K-LYTE/CL equiv)
- potassium chloride ER cap (MICRO-K equiv)
- potassium chloride ER tab (K-TAB equiv)
- potassium chloride micro tab (K-DUR equiv)
- potassium chloride powder packet (KLOR-CON equiv)
- potassium chloride soln
- KLOR-CON M15 TAB
- KLOR-CON POWDER PACKET
- KLOR-CON POWDER PACKET 25MEQ
- MICRO-K CAP

**SODIUM**

- sodium chloride inj

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<table>
<thead>
<tr>
<th>EXC</th>
<th>Plan Exclusion</th>
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<tbody>
<tr>
<td>NC</td>
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<tr>
<td>LD</td>
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<tr>
<td>MSP</td>
<td>Mandatory Specialty Pharmacy Program</td>
</tr>
<tr>
<td>QL</td>
<td>Quantity Limit</td>
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<tr>
<td>SMKG</td>
<td>Smoking Cessation</td>
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<table>
<thead>
<tr>
<th>generic</th>
<th>small letters</th>
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<tr>
<td>LMSP</td>
<td>Lumecera Mandatory Specialty Pharmacy Program</td>
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<tr>
<td>OTC</td>
<td>Over-the-Counter</td>
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<tr>
<td>RS</td>
<td>Restricted to Specialist</td>
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<td>SP</td>
<td>Available through Specialty Pharmacy Program</td>
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<th>BRANDS</th>
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<td>K MSP</td>
<td>Kroger Mandatory Specialty Pharmacy Program</td>
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<tr>
<td>M</td>
<td>Medical Benefit</td>
</tr>
<tr>
<td>PA</td>
<td>Prior Authorization</td>
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<tr>
<td>SF</td>
<td>Limited to two 15 day fills per month for first 3 months</td>
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<tr>
<td>ST</td>
<td>Step Therapy</td>
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Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.
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<thead>
<tr>
<th>DrugName</th>
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<th>Tier</th>
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<tbody>
<tr>
<td>MINERALS &amp; ELECTROLYTES Cont.</td>
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<td>ZINC</td>
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<td>GALZIN CAP</td>
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<td>MISCELLANEOUS THERAPEUTIC CLASSES</td>
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<td>CHELATING AGENTS</td>
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<td>penicillamine tab (DEPEN TITRATAB equiv)</td>
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<td>trientine cap (SYPRINE equiv)</td>
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<td>SYPRINE CAP</td>
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<tr>
<td>sirolimus soln (RAPAMUNE equiv)</td>
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<td>ASTAGRAF XL CAP</td>
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<td>PROGRAF PACKET</td>
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<tr>
<td>RAPAMUNE SOLN</td>
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<tr>
<td>POTASSIUM REMOVING AGENTS</td>
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<tr>
<td>LOKELMA PAK</td>
<td>KMSP-PA</td>
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<tr>
<td>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</td>
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<tr>
<td>BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)</td>
<td>LMSP-PA-QL</td>
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<tr>
<td>BENLYSTA INJ (QL= 4 inj/28 day)</td>
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<td>MOUTH/THROAT/DENTAL AGENTS</td>
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<td>ANESTHETICS TOPICAL ORAL</td>
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<tr>
<td>lidocaine viscous soln</td>
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<td>LIDOCAINE ORAL SOLN 4%</td>
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<td>LTA 360 KIT</td>
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<tr>
<td>ANTIALLEGERY AGENTS - MOUTH/THROAT</td>
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<tr>
<td>APHTHASOL PASTE</td>
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<tr>
<td>ANTI-INFECTIVES - THROAT</td>
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<tr>
<td>clotrimazole troches (MYCELEX TROCHES equiv)</td>
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<tr>
<td>nystatin susp</td>
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<td>FIRST DUKES MOUTHWASH</td>
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<tr>
<td>FIRST MARYS MOUTHWASH</td>
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<tr>
<td>MYCELEX TROCHES</td>
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<tr>
<td>ORAVIG TAB</td>
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<tr>
<td>ANTISEPTICS - MOUTH/THROAT</td>
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<tr>
<td>chlorhexidine gluconate soln (PERIDEX equiv)</td>
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<td>PERIDEX SOLN</td>
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<td>DEBACTEROL SOLN</td>
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<td>PREVIDENT 5000 PLUS CREAM</td>
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<tr>
<td>sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)</td>
<td>-</td>
<td>$0</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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</thead>
<tbody>
<tr>
<td>sodium fluoride gel (PREVIDENT equiv)</td>
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<td>sodium fluoride paste (PREVIDENT equiv)</td>
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<tr>
<td>sodium fluoride rinse (PREVIDENT equiv)</td>
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<tr>
<td>sodium fluoride/potassium nitrate paste (PREVIDENT equiv)</td>
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<td>PREVIDENT GEL</td>
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<td>PREVIDENT PASTE</td>
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<td>2</td>
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<td>PREVIDENT RINSE</td>
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<td><strong>STEROIDS - MOUTH/THROAT</strong></td>
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<tr>
<td>triamcinolone in orabase paste (KENALOG/ORABASE equiv)</td>
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<tr>
<td><strong>THROAT PRODUCTS - MISC.</strong></td>
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<td>cevimeline cap (EVOXAC equiv)</td>
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<tr>
<td>pilocarpine tab (SALAGEN equiv)</td>
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<td>EVOXAC CAP</td>
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<td>SALAGEN TAB</td>
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<td>GELCLAIR GEL</td>
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<td>PROTHELIAL PASTE</td>
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<tr>
<td>B-COMPLEX W/ FOLIC ACID</td>
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<td>DIALYVITE TAB</td>
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<tr>
<td>DIALYVITE/ZINC TAB</td>
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<td>FOLBEE PLUS CZ TAB</td>
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<tr>
<td>renaphro cap (NEPHROCAP equiv)</td>
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<td>DIATZ ZN TAB</td>
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<tr>
<td>NEPHROCAP</td>
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<td>dialyvite tab (NEPHRO-VITE equiv)</td>
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<td>FIBRIK CAP</td>
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<td>NEPHRO-VITE TAB</td>
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<td>MULTIVITAMIN/FLUORIDE CHEW TAB</td>
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<tr>
<td>MULTIPLE VITAMINS W/ MINERALS</td>
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</tr>
<tr>
<td>multivitamin/minerals tab (STROVITE equiv)</td>
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<td>STROVITE TAB</td>
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<td>V-C FORTE CAP</td>
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<tr>
<td>REMEDIENT CAP</td>
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<tr>
<td>MULTIVITAMINS</td>
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<td>FOLIKA-V TAB</td>
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<td>PED MULTI VITAMINS W/FL &amp; FE</td>
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<td>pediatric multiple vitamins/fluoride/iron soln</td>
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<tr>
<td>PED MV W/ FLUORIDE</td>
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<tr>
<td>pediatric multiple vitamins/fluoride chew tab</td>
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<tr>
<td>pediatric multiple vitamins/fluoride soln</td>
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<tr>
<td>POLY-VI-FLOR SUSP</td>
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</tbody>
</table>

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### MULTIVITAMINS Cont.

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<th>DrugName</th>
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<tr>
<td>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</td>
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<td>PRENATAL VITAMINS</td>
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<td>CONCEPT DHA CAP</td>
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<td>PRENATABS RX TAB</td>
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<td>VITAFOL STRIPS</td>
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<tr>
<td>VP-PNV-DHA CAP</td>
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<td>AZESCO TAB</td>
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<tr>
<td>CITRANATAL CAP MEDLEY</td>
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#### MUSCULOSKELETAL THERAPY AGENTS

### CENTRAL MUSCLE RELAXANTS

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<td>baclofen tab 10mg, 20mg</td>
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<td>carisoprodol tab (SOMA equiv) (QL=120 tabs/30 days)</td>
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<tr>
<td>cyclobenzaprine tab 10mg (FLEXERIL equiv)</td>
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</tr>
<tr>
<td>cyclobenzaprine tab 5mg (FLEXERIL equiv)</td>
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</tr>
<tr>
<td>cyclobenzaprine tab 7.5mg (FEXMID equiv)</td>
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<tr>
<td>metaxalone tab (SKELAXIN equiv)</td>
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</tr>
<tr>
<td>methocarbamol tab (ROBAXIN equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>tizanidine tab (ZANAFLEX equiv)</td>
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</tr>
<tr>
<td>CHLORZOXAZONE TAB 500MG</td>
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<td>FEXMID TAB</td>
<td></td>
<td>3</td>
</tr>
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<td>FLEXERIL TAB</td>
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<td>METAXALONE TAB 400MG</td>
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<td>PARAFON FORTE TAB</td>
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<td>ROBAXIN TAB</td>
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<tr>
<td>SKELAXIN TAB</td>
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</tr>
<tr>
<td>SOMA TAB (QL=120 tabs/30 days)</td>
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<tr>
<td>ZANAFLEX TAB</td>
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<tr>
<td>AMRIX CAP</td>
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<tr>
<td>BACLOFEN TAB 5MG</td>
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<tr>
<td>chlorzoxazone tab</td>
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<td>CHLORZOXAZONE TAB 250MG, LORZONE TAB</td>
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<tr>
<td>CYCLOBENZAPRINE COMPOUND KIT</td>
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</tr>
<tr>
<td>cyclobenzaprine ER cap (AMRIX equiv)</td>
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<td>NC</td>
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<tr>
<td>FIRST BACLOFEN SUSP KIT</td>
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<td>NC</td>
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<tr>
<td>orphenadrine citrate ER tab (NORFLEX equiv)</td>
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<tr>
<td>OZOBAX SOLN</td>
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<td>NC</td>
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<tr>
<td>tizanidine cap (ZANAFLEX equiv)</td>
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<td>ZANAFLEX CAP</td>
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### DIRECT MUSCLE RELAXANTS

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<th>Tier</th>
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<tbody>
<tr>
<td>dantrolene cap (DANTRIUM equiv)</td>
<td></td>
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</tr>
</tbody>
</table>

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## MUSCULOSKELETAL THERAPY AGENTS Cont.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MUSCLE RELAXANT COMBINATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>NORGESIC TAB FORTE</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>carisoprodol/aspirin tab (SOMA COMPOUND equiv)</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>CARISOPRODOL/ASPIRIN/ CODEINE TAB</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>carisoprodol/aspirin/codeine tab (SOMA COMPOUND/ CODEINE equiv)</td>
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<tr>
<td>LORVATUS PHARMAPAK KIT</td>
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<td>TIZANIDINE COMFORT KIT</td>
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### NASAL AGENTS - SYSTEMIC AND TOPICAL

#### NASAL AGENT COMBINATIONS

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<tr>
<th>Drug Name</th>
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<tbody>
<tr>
<td>DYMISTA NASAL SPRAY</td>
<td>PA</td>
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<td>AZENASE PAK</td>
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#### NASAL AGENTS - MISC.

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<tr>
<td>ALZAIR NASAL SPRAY</td>
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#### NASAL ANESTHETICS

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<tbody>
<tr>
<td>GORELTO SOLN</td>
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#### NASAL ANTIALLERGY

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<tr>
<td>azelastine nasal spray 0.1% (ASTELIN equiv)</td>
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<tr>
<td>olopatadine nasal spray (Patanase equiv)</td>
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<td>PATANASE NASAL SPRAY</td>
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<tr>
<td>ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY</td>
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<tr>
<td>azelastine nasal spray 0.15% (ASTEPRO equiv)</td>
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#### NASAL ANTI-CHOLINERGICS

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<tr>
<td>ipratropium nasal spray (ATROVENT equiv)</td>
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#### NASAL ANTI-INFECTIVES

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<td>BACTROBAN NASAL OINT</td>
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#### NASAL STEROIDS

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<tbody>
<tr>
<td>fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)</td>
<td>QL</td>
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<tr>
<td>NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)</td>
<td>OTC-QL</td>
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<tr>
<td>triamcinolone nasal spray (NASACORT equiv) (QL= 2 bottles/fill)</td>
<td>QL</td>
<td>1</td>
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<tr>
<td>triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)</td>
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<td>1</td>
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<tr>
<td>BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone)</td>
<td>QL-ST</td>
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<tr>
<td>ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone)</td>
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<tr>
<td>budesonide nasal spray (RHINOCORT AQUA equiv)</td>
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<tr>
<td>FLUNISOLIDE NASAL SPRAY</td>
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<td>mometasone nasal spray (NASONEX equiv)</td>
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<td>NASACORT AQ NASAL SPRAY</td>
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<td>OMNARIS NASAL SPRAY</td>
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<tr>
<td>TRIAMTERENE SUSP</td>
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<td>MICTOLOL TE SLOQ</td>
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<td>LAMOTRIGINE SLOQ</td>
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<td>PHENOBARBITAL SLOQ</td>
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<td>pro-stat liquid</td>
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<td>levoBUNOLOL ophth soln (BETAGAN equiv)</td>
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<td>COSOPT OPHTH SOLN</td>
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<td>TIMOPTIC ORTHOPHTH SOLN</td>
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<tr>
<td>BETIMOL OPHTH SOLN</td>
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<td>BETOPTIC-S OPHTH SOLN</td>
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<td>METIPRANOLOL OPHTH SOLN</td>
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<td>CYCLOPLEGIC MYDRATICS</td>
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<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>atropine ophth oint</td>
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<tr>
<td>atropine ophth soln (ISOPTO ATROPINE equiv)</td>
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</tr>
<tr>
<td>cyclopentolate ophth soln (CYCLOGYL equiv)</td>
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<tr>
<td>homatropine ophth soln (ISOPTO HOMATROPINE equiv)</td>
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<tr>
<td>phenylephrine ophth soln (MYDFRIN equiv)</td>
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<td>tropicamide ophth soln (MYDRIACYL equiv)</td>
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<td>ISOPTO HOMATROPINE OPHTH SOLN 2%</td>
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<td>ISOPTO HYOSCINE OPHTH SOLN</td>
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### MIOTICS

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<td>pilocarpine ophth soln (ISOPTO CARPINE equiv)</td>
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<td>ISOPTO CARBACHOL OPHTH SOLN</td>
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<td>PHOSPHOLINE OPHTH SOLN</td>
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<td>ISOPTO CARPINE OPHTH SOLN</td>
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<td>PILOPINE HS OPHTH GEL</td>
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### OPHTHALMIC ADRENERGIC AGENTS

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<tr>
<td>brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)</td>
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<tr>
<td>brimonidine ophth soln 0.2%</td>
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<td>ALPHAGAN P OPHTH SOLN 0.1%</td>
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<td>IOPIDINE OPHTH SOLN 1%</td>
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<td>SIMBRINZA OPHTH SUSP</td>
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<td>ALPHAGAN P OPHTH SOLN 0.15%</td>
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### OPHTHALMIC ANTI-INFECTIVES

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<td>bacitracin/neomycin/polyoxyn b ophth oint (NEOSPORIN equiv)</td>
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<td>bacitracin/polyoxyn b ophth oint (POLYSPORIN equiv)</td>
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<tr>
<td>ciprofloxacin ophth soln (CILOXAN equiv)</td>
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<tr>
<td>erythromycin ophth oint</td>
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<tr>
<td>gatifloxacin ophth soln (ZYMIXID equiv) (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)</td>
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<td>GENTAK OPHTH OINT</td>
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<td>gentamicin ophth soln (GARAMYCIN equiv)</td>
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<td>moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)</td>
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<td>NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN</td>
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<td>ofloxacin ophth soln (OCUFLOX equiv)</td>
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<td>polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)</td>
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<td>sulfacetamide sodium ophth soln (BLEPH-10 equiv)</td>
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<td>tobramycin ophth soln (TOBREX equiv)</td>
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## L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
### Category/Class
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<tr>
<td>MOXEZA OPTH SOLN</td>
<td>-</td>
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</tr>
<tr>
<td>MOXEZA OPTH SOLN 0.5%</td>
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</tr>
<tr>
<td>moxifloxacin hcl ophth soln 0.5% (MOXEZA equiv)</td>
<td>-</td>
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<tr>
<td>MOXIFLOXACIN SOLN</td>
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</tr>
<tr>
<td>NATACYN OPTH SUSP</td>
<td>-</td>
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<tr>
<td>naphazoline ophth soln</td>
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<tr>
<td>MYDFRIN OPTH SOLN</td>
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<tr>
<td>naphazoline ophth soln</td>
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<td>MYDFRIN OPTH SOLN</td>
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### OPHTHALMIC IMMUNOMODULATORS

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<th>DrugName</th>
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<th>Tier</th>
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<tbody>
<tr>
<td>RESTASIS OPTH EMULSION (Restricted to Ophthalmology or Optometry Specialist)</td>
<td>RS</td>
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<tr>
<td>CEQUA (PF) OPTH SOLN</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>CYCLOSPORINE OPTH EMULSION</td>
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### OPHTHALMIC INTEGRIN ANTAGONISTS

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<thead>
<tr>
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<tbody>
<tr>
<td>XIIDRA OPTH SOLN</td>
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<tr>
<td>RHOPRESSA OPTH SOLN</td>
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<tr>
<td>ROCKLATAN OPTH SOLN</td>
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### OPHTHALMIC LOCAL ANESTHETICS

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<tr>
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<tbody>
<tr>
<td>proparacaine ophth soln (ALCAINE equiv)</td>
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<td>ALCAINE OPTH SOLN</td>
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### OPHTHALMIC NERVE GROWTH FACTORS

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>OXERVATE OPTH SOLN</td>
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### OPHTHALMIC PHOTOENHANCERS

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<tr>
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<tr>
<td>PHOTREXA OP KIT</td>
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<td>PHOTREXA VISCOUS OPTH SOLN</td>
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### OPHTHALMIC STEROIDS

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<th>Tier</th>
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<tbody>
<tr>
<td>bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>dexamethasone ophth soln</td>
<td>-</td>
<td>1</td>
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</tbody>
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**OPHTHALMIC AGENTS Cont.**

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<thead>
<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>fluorometholone ophth soln (FML LIQUIFILM equiv)</td>
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<tr>
<td>loteprednol ophth susp (LOTEMAX equiv)</td>
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<tr>
<td>neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)</td>
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<tr>
<td>neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)</td>
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<td>neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv)</td>
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<td>PREDNISOLONE OPHTH SUSP</td>
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<tr>
<td>sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)</td>
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<td>SULFACETAMIDE/PREDNISOLONE OPHTH SOLN</td>
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<tr>
<td>tobramycin/dexamethasone ophth soln (TOBRADEX equiv)</td>
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<td>LOTEMAX OPHTH GEL</td>
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<tr>
<td>PRED MILD OPHTH SOLN</td>
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<tr>
<td>PRED-G OPHTH SOLN</td>
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<td>PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN</td>
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<td>VEXOL OPHTH SUSP</td>
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<td>ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))</td>
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<td>CORTISPORIN OPHTH SOLN</td>
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<td>FAREX OPHTH SUSP</td>
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<td>FML FORTE OPHTH SUSP</td>
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<td>FML S.O.P. OPHTH OINT</td>
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<tr>
<td>TOBRADEX OPHTH SOLN</td>
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<tr>
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<tr>
<td>DEXTENZA OPHTH INSERT</td>
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<tr>
<td>KLARITY-B DROPS</td>
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<tr>
<td>KLARITY-L DROPS</td>
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<td>LOTEMAX SM GEL 0.38%</td>
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<tr>
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**OPHTHALMICS - MISC.**

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<tr>
<th>DrugName</th>
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<tbody>
<tr>
<td>azelastine ophth soln (OPTIVAR equiv)</td>
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<table>
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<tr>
<th>EXC</th>
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<tr>
<td>LNSP</td>
<td>INF = Fertility</td>
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<tr>
<td>LMSP</td>
<td>KMSP = Kroger Mandatory Specialty Pharmacy Program</td>
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<tr>
<td>OTC</td>
<td>Medical Benefit</td>
</tr>
<tr>
<td>R</td>
<td>Prior Authorization</td>
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<tr>
<td>SP</td>
<td>Step Therapy</td>
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## OPTHALMIC AGENTS Cont.

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<thead>
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<th>DrugName</th>
<th>Special Code</th>
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<tbody>
<tr>
<td>bromfenac ophth soln (BROMDAY equiv)</td>
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<tr>
<td>BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)</td>
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<td>cromolyn ophth soln (CROLOM equiv)</td>
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<td>diclofenac sodium ophth soln (VOLTAREN equiv)</td>
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<td>dorzolamide ophth soln (TRUSOPT equiv)</td>
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<td>epinanxine ophth soln (ELESTAT equiv)</td>
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<td>flurbiprofen ophth soln (OCUFEN equiv)</td>
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<tr>
<td>ketorolac ophth soln (ACULAR (LS) equiv)</td>
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<tr>
<td>ketotifen ophth soln (ZADITOR equiv) (OTC covered only)</td>
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<td>olopatadine ophth soln 0.1% (PATANOL equiv)</td>
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<tr>
<td>olopatadine ophth soln 0.2% (PATADAY equiv)</td>
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<td>ALOCRL OPHTH SOLN</td>
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<tr>
<td>CROLOMOPHTH SOLN</td>
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<tr>
<td>ELESTAT OPHTH SOLN</td>
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<tr>
<td>EMADINE OPHTH SOLN</td>
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<tr>
<td>LASTACAFT OPHTH SOLN (QL= 3ml/30 days)</td>
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<tr>
<td>OCUFEN OPHTH SOLN</td>
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<tr>
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<td>TRUSOPT OPHTH SOLN</td>
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<td>VOLTAREN OPHTH SOLN</td>
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<tr>
<td>CYSTARAN OPHTH SOLN (QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416)</td>
<td>LD-PA-QL</td>
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<tr>
<td>BROMSITE OPHTH SOLN</td>
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<td>PATADAY OPHTH SOLN</td>
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<tr>
<td>PAZEO OPHTH SOLN 0.7%</td>
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</tr>
<tr>
<td>ZADITOR OPHTH SOLN</td>
<td>OTC</td>
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<td>ZERVIAE OPHTH SOLN</td>
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### PROSTAGLANDINS - OPTHALMIC

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<th>DrugName</th>
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<th>Tier</th>
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<tbody>
<tr>
<td>bimatoprost ophth soln (QL= 2.5ml/30 days)</td>
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<tr>
<td>latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)</td>
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<tr>
<td>travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)</td>
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</tr>
<tr>
<td>LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)</td>
<td>QL</td>
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</tr>
<tr>
<td>TRAVATAN Z DROPS (QL= 2.5ml/30 days)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>XALATAN OPHTH SOLN (QL= 2.5ml/30 days)</td>
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<td>3</td>
</tr>
<tr>
<td>VYZULTA SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>XELPROS OPHTH EMULSION</td>
<td>-</td>
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</tr>
<tr>
<td>ZIOPTAN OPHTH SOLN</td>
<td>-</td>
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</tr>
</tbody>
</table>

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<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
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<td>acetic acid otic soln (VOSOL equiv)</td>
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<td>ACETIC ACID/ALUMINUM ACETATE OTIC SOLN</td>
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<td>CRESYLATE OTIC SOLN</td>
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<tr>
<td>VOSOL OTIC SOLN</td>
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<td><strong>OTIC ANALGESICS</strong></td>
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<td>omedia otic soln (AMERICAN equiv)</td>
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<td>ofloxacin otic soln (FLOXIN equiv)</td>
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<td>CIPROFLOXACIN OTIC SOLN</td>
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<td><strong>OTIC COMBINATIONS</strong></td>
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<tr>
<td>neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)</td>
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<tr>
<td>neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)</td>
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<td>pramoxine-HC AQ otic soln (CORTANE-B AQUEOUS equiv)</td>
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<td>OTOZIN OTIC DROPS</td>
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<td>antipyrine/benzocaine otic soln (AURALGAN equiv)</td>
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<td>CORTANE-B OTIC SOLN</td>
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<td>otomax-HC otic soln (CORTANE-B equiv)</td>
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<td><strong>OTIC STEROIDS</strong></td>
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<td>acetic acid/hydrocortisone otic soln (VOSOL HC equiv)</td>
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<td>fluocinolone otic oil (DERMOTIC equiv)</td>
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<td>ACETASOL HC OTIC SOLN</td>
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<td>DERMOTIC OIL</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>VOSOL HC OTIC SOLN</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td><strong>OXYTOCICS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>methylergonovine tab (METHESERINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td><strong>PASSIVE IMMUNIZING AGENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIZENTRA INJ</td>
<td>KMSP</td>
<td>3</td>
</tr>
<tr>
<td>GAMASTAN INJ</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>GAMMAGARD INJ</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>RHOGAM PLUS INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td><strong>IMMUNE SERUMS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CUTAQUIG SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>WINRHO SDF INJ</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

**PENICILLINS**

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.
## PENICILLINS Cont.

### AMINOPENICILLINS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>amoxicillin cap (TRIMOX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>amoxicillin chew tab (AMOXIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>AMoxicillin CHEW TAB 250MG</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>amoxicillin susp (TRIMOX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>amoxicillin tab (AMOXIL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>AMPICILLIN CAP</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ampicillin cap (PRINCIPEN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ampicillin susp (PRINCIPEN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>MOXATAG TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>MOXATAG TAB 775MG</td>
<td>-</td>
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### NATURAL PENICILLINS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>PENICILLIN VK SOLN</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>penicillin vk soln (VEETIDS equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>penicillin vk tab (VEETIDS equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>PENICILLIN G PROCaine INJ</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>PENICILLIN G SODIUM INJ</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>PFIZERPEN G INJ</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>pfizerpen g inj (PFIZERPEN G equiv)</td>
<td>M</td>
<td>M</td>
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### PENICILLIN COMBINATIONS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>amoxicillin/clavulanate chew tab (AUGMENTIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>amoxicillin/clavulanate ER tab (AUGMENTIN XR equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>amoxicillin/clavulanate susp (AUGMENTIN ES equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>amoxicillin/clavulanate tab 500-125mg, 875-125mg (AUGMENTIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>AMoxicillin/CLAvalANATE ER TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>AUGMENTIN ES-600 SUSP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>AUGMENTIN SUSB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>AUGMENTIN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>AUGMENTIN XR TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ampicillin/subactam inj</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>piperacillin/tazobactam inj</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>TIMENTIN INJ</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>amoxicillin/clavulanate tab 250-125mg (AUGMENTIN equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>AUGMENTIN TAB 250-125MG</td>
<td>-</td>
<td>NC</td>
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### PENICILLINASE-RESISTANT PENICILLINS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>dicloxacillin cap (DYNAPEN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>nafcillin inj</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>oxacillin inj</td>
<td>M</td>
<td>M</td>
</tr>
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</table>

### SEMI SOLID VEHICLES

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLYETHYLENE GLYCOL 8000 GRANULES</td>
<td>-</td>
<td>2</td>
</tr>
</tbody>
</table>

### PHARMACEUTICAL ADJUVANTS

### PROGESTINS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>medroxyprogesterone tab (PROVERA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>norethindrone tab (AYGESTIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

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## PROGESTINS Cont.

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>progesterone cap (PROMETRIUM equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>AYGESTIN TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PROMETRIUM CAP</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>PROVERA TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>hydroxyprogesterone inj (MAKENA equiv)</td>
<td>LMSP-PA</td>
<td>4</td>
</tr>
<tr>
<td>MEGACE ES SUSP</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>megestrol ES susp (MEGACE ES equiv)</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>progesterone oil inj</td>
<td></td>
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## PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

### AGENTS FOR CHEMICAL DEPENDENCY

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>acamprosate calcium DR tab (CAMPRAL equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>disulfiram tab (ANTABUSE equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>ANTABUSE TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>CAMPRAL TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>LUCEMYRA TAB</td>
<td></td>
<td>NC</td>
</tr>
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### ANTI-CATAPLECTIC AGENTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
</tbody>
</table>

### ANTI-DEMENTIA AGENTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)</td>
<td>QL-ST</td>
<td>1</td>
</tr>
<tr>
<td>galantamine ER cap (RAZADYN E ER equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>galantamine tab (RAZADYN E equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>memantine ER cap (NAMENDA XR equiv) (Step Therapy requires trial of memantine tab)</td>
<td>ST</td>
<td>1</td>
</tr>
<tr>
<td>memantine sol (NAMENDA equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>memantine tab (NAMENDA equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>rivastigmine cap (EXELON equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>rivastigmine patch (EXELON equiv) (Step Therapy requires trial of rivastigmine cap)</td>
<td>ST</td>
<td>1</td>
</tr>
<tr>
<td>ARICEPT ODT ((QL= 1 tab/day)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>ARICEPT TAB (QL= 2 tabs/day)</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>ARICEPT TAB 23MG (QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg)</td>
<td>QL-ST</td>
<td>3</td>
</tr>
<tr>
<td>EXELON CAP</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>EXELON PATCH (Step Therapy requires trial of rivastigmine cap)</td>
<td>ST</td>
<td>3</td>
</tr>
<tr>
<td>NAMENDA SOL</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>NAMENDA TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>RAZADYN E ER CAP</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>RAZADYN E TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>GALANTAMINE SOLN</td>
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<td>NC</td>
</tr>
<tr>
<td>NAMENDA XR CAP</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>NAMENDA XR TITRATION PACK</td>
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<td>NC</td>
</tr>
<tr>
<td>NAMZARIC CAP</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>NAMZARIC STARTER PACK</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>RAZADYN SOL</td>
<td></td>
<td>NC</td>
</tr>
</tbody>
</table>

### COMBINATION PSYCHOTHERAPEUTICS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>chlordiazepoxide/amitriptyline tab (LIMBITROL equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>clonazepam/fluoxetine cap (SYMBYAX equiv)</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
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<tbody>
<tr>
<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERPHENAZINE/ AMITRIPTYLINE TAB</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>LIMBITROL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SYMBYAX CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>FIBROMYALGIA AGENTS</td>
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<tr>
<td>SAVELLA PAK</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>SAVELLA TAB (QL= 2 tabs/day)</td>
<td>QL</td>
<td>2</td>
</tr>
<tr>
<td>HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADDYI TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>VYLEESI INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>MOVEMENT DISORDER DRUG THERAPY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INGREZZA CAP (QL= 1 cap/day; Only available through Garfield Pharmacy 323-295-5585)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
<tr>
<td>tetrabenazine tab (XENAZINE equiv)</td>
<td>LMS-P-PA</td>
<td>4</td>
</tr>
<tr>
<td>AUSTEDO TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>INGREZZA PACK 40-80MG</td>
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<td>NC</td>
</tr>
<tr>
<td>XENAZINE TAB</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>MULTIPLE SCLEROSIS AGENTS</td>
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<tr>
<td>dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day)</td>
<td>LMSP-PA-QL</td>
<td>1</td>
</tr>
<tr>
<td>AUBAGIO TAB</td>
<td>LMS-P</td>
<td>4</td>
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<tr>
<td>AVONEX INJ</td>
<td>LMS-P</td>
<td>4</td>
</tr>
<tr>
<td>EXTAVIA INJ</td>
<td>MSP</td>
<td>4</td>
</tr>
<tr>
<td>GILENYA CAP (QL= 1 cap/day)</td>
<td>LMS-P-QL</td>
<td>4</td>
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<tr>
<td>glatiramer inj (COPAXONE equiv)</td>
<td>LMS-P</td>
<td>4</td>
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<tr>
<td>MAYZENT TAB</td>
<td>LMS-P</td>
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<tr>
<td>MAYZENT TAB STARTER PACK</td>
<td>LMS-P</td>
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<td>PLEGIRIDY INJ</td>
<td>LMS-P</td>
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<td>PLEGIRIDY PEN INJ</td>
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<td>TECFIDERA CAP</td>
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<td>TECFIDERA STARTER PACK</td>
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<td>4</td>
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<tr>
<td>AMPYRA TAB</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>BETASERON INJ</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>COPAXONE INJ</td>
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<tr>
<td>MAVENCLAD PAK</td>
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<tr>
<td>REBIF INJ</td>
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<td>VUMERITY CAP</td>
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<td>NC</td>
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<tr>
<td>ZINBRYTA INJ</td>
<td>-</td>
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<tr>
<td>POSTHERPETIC NEURALGIA (PHN) AGENTS</td>
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<tr>
<td>GRALISE TAB</td>
<td>-</td>
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<tr>
<td>LYRICA CR TAB</td>
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<tr>
<td>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</td>
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<tr>
<td>fluoxetine (pmdd) tab (SARAFEM equiv)</td>
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<td>NC</td>
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<tr>
<td>FLUOXETINE CAP (PMDD)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SARAFEM TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PSEUDOBULBAR AFFECT (PBA) AGENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NUEDEXTA CAP (QL= 2 caps/day)</td>
<td>PA-QL</td>
<td>2</td>
</tr>
<tr>
<td>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</td>
<td></td>
<td></td>
</tr>
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</table>

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## PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ergoloid mesylates tab (HYDERGINE equiv)</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>PIMOZIDE TAB</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>ERGOLOID MESYLATES TAB</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>ORAP TAB</td>
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</table>

## RESTLESS LEG SYNDROME (RLS) AGENTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>HORIZANTAN TAB</td>
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## SMOKING DETERRENTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>bupropion SR tab (ZYBAN equiv)</td>
<td>SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>CHANTIX PAK</td>
<td>SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>CHANTIX TAB</td>
<td>SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>NICODERM PATCH</td>
<td>OTC-SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>NICORETTE GUM</td>
<td>OTC-SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>NICORETTE LOZENGE</td>
<td>OTC-SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>nicotine gum (NICORETTE equiv)</td>
<td>OTC-SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>NICOTINE KIT</td>
<td>OTC-SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>nicotine lozenge (COMMIT equiv)</td>
<td>OTC-SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>nicotine patch (NICODERM equiv)</td>
<td>OTC-SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>NICOTROL INHALER</td>
<td>SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>NICOTROL NASAL SPRAY</td>
<td>SMKG</td>
<td>$0</td>
</tr>
<tr>
<td>ZYBAN TAB</td>
<td>SMKG</td>
<td>$0</td>
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## TRANSTHYRETIN AMYLOIDOSIS AGENTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 888-773-7376)</td>
<td>LD-PA-QL</td>
<td>4</td>
</tr>
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</table>

## VASOMOTOR SYMPTOM AGENTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
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</tr>
</thead>
<tbody>
<tr>
<td>BRISDELLE CAP</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td>paroxetine cap (BRISDELLE equiv)</td>
<td></td>
<td>NC</td>
</tr>
</tbody>
</table>

## RESPIRATORY AGENTS - MISC.

## CYSTIC FIBROSIS AGENTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>KALYDECO PAK (QL= 2 packets/day)</td>
<td>KMSP-PA-QL-SF</td>
<td>4</td>
</tr>
<tr>
<td>KALYDECO TAB (QL= 2 tabs/day)</td>
<td>KMSP-PA-QL-SF</td>
<td>4</td>
</tr>
<tr>
<td>ORKAMBI GRANULES PACKET (QL= 2 packets/day)</td>
<td>KMSP-PA-QL-SF</td>
<td>4</td>
</tr>
<tr>
<td>ORKAMBI TAB (QL= 4 tabs/day)</td>
<td>KMSP-PA-QL-SF</td>
<td>4</td>
</tr>
<tr>
<td>PULMOZYME INH SOLN</td>
<td>KMSP</td>
<td>4</td>
</tr>
<tr>
<td>SYMDEKO TAB (QL= 2 tabs/day)</td>
<td>KMSP-PA-QL-SF</td>
<td>4</td>
</tr>
<tr>
<td>TRIKAFTA TAB</td>
<td></td>
<td>NC</td>
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## PULMONARY FIBROSIS AGENTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESBRIET CAP (QL= 9 caps/day)</td>
<td>LMSP-PA-QL-SF</td>
<td>4</td>
</tr>
<tr>
<td>ESBRIET TAB 267MG (QL= 9 tabs/day)</td>
<td>LMSP-PA-QL-SF</td>
<td>4</td>
</tr>
<tr>
<td>ESBRIET TAB 801MG (QL= 3 tabs/day)</td>
<td>LMSP-PA-QL-SF</td>
<td>4</td>
</tr>
<tr>
<td>OFEV CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)</td>
<td>LD-PA-QL-SF</td>
<td>4</td>
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</table>

## SULFONAMIDES

## SULFONAMIDES

<table>
<thead>
<tr>
<th>DrugName</th>
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<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>SULFADIAZINE TAB</td>
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## TETRACYCLINES

## AMINOMETHYLICYCLINES

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUZYRA TAB</td>
<td></td>
<td>NC</td>
</tr>
</tbody>
</table>

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.
### TETRACYCLINES

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>demeclocycline tab (DECLOMYCIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>doxycycline hyclate cap (VIBRAMYCIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>doxycycline hyclate DR tab (DORYX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>doxycycline hyclate tab (VIBRATAB equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>doxycycline monohydrate cap 100mg (MONODOX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>doxycycline monohydrate cap 150mg (MONODOX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>doxycycline monohydrate cap 50mg (MONODOX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>doxycycline monohydrate cap 75mg (MONODOX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>doxycycline monohydrate tab (ADOXA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>doxycycline susp (VIBRAMYCIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>minocycline cap (MINOCIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>minocycline tab (DYNACIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>tetracycline cap</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ADOXA TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>DORYX TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>DOXYCYCLINE HYLATE DR CAP</td>
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<td>3</td>
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<tr>
<td>DYNACIN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>MINOCIN CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>MONODOX CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ORAXYL CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>VIBRAMYCIN CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>VIBRAMYCIN SUSP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>VIBRAMYCIN SYRUP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ACTICLATE TAB 75MG, 150MG</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ADOXA PAK</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>DORYX MPC TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>DORYX TAB 200MG</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>doxycycline hyclate DR tab 200mg (DORYX equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>doxycycline monohydrate tab 150mg (ADOXA equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>minocycline ER tab (SOLODYN equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SEYSARA TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>SOLODYN TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TARGADOX TAB</td>
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<td>NC</td>
</tr>
<tr>
<td>XIMINO CAP</td>
<td>-</td>
<td>NC</td>
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</table>

### THYROID AGENTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>methimazole tab (TAPAZOLE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>propylthiouracil tab</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>TAPAZOLE TAB</td>
<td>-</td>
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</tbody>
</table>

### THYROID HORMONES

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARMOUR THYROID TAB, NATURE THROID TAB</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>liothyronine tab (CYTOMEL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>SYNTHROID TAB</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.
<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>THYROLAR TAB</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>CYTOMEL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>levothyroxine tab (SYNTHROID equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TIROSINT CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TIROSINT-SOL</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

### THYROID AGENTS Cont.

### ULCER DRUGS

#### ANTISPASMODICS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>dicyclomine cap (BENTYL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>dicyclomine soln (BENTYL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>dicyclomine tab (BENTYL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>glycopyrrolate tab (ROBINUL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>hyoscymine sulfate CR tab (LEVBID equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>hyoscymine sulfate elixir (LEVSIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>hyoscymine sulfate ODT (ANASPAN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>hyoscymine sulfate SL tab (LEVSIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>hyoscymine sulfate soln (LEVSIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>hyoscymine sulfate SR cap (LEVSINEX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>hyoscymine tab (LEVSIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>methscopolamine tab (PAMINE equiv)</td>
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</tr>
<tr>
<td>DONNATAL EXTENTABS</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>PROPANTHETINE TAB</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>ANASPAN ODT</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>BENTYL CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>BENTYL SYRUP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>BENTYL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CANTIL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LEVBID TAB</td>
<td>-</td>
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<td>LEVSIN SL TAB</td>
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<td>3</td>
</tr>
<tr>
<td>LEVSIN TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LEVSINEX CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>PAMINE TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ROBINUL TAB</td>
<td>-</td>
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</tr>
<tr>
<td>SYMAX DUOTAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CUVIPOS SOLN</td>
<td>MSP</td>
<td>4</td>
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<tr>
<td>b-donna tab (DONNATAL equiv)</td>
<td>-</td>
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</tr>
<tr>
<td>chlordiazepoxide/clidinium cap (LIBRAX equiv)</td>
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<td>NC</td>
</tr>
<tr>
<td>DONNATAL ELIXIR</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>DONNATAL TAB</td>
<td>-</td>
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<tr>
<td>LEVSIN INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>LIBRAX CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>pb-belladonna elixir (DONNATAL equiv)</td>
<td>-</td>
<td>NC</td>
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</table>

### H-2 ANTAGONISTS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>famotidine susp (PEPCID equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>famotidine tab (PEPCID equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>nizatidine cap (AXID equiv)</td>
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<td>1</td>
</tr>
<tr>
<td>ranitidine syrup (ZANTAC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.
### ULCER DRUGS Cont.

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ranitidine tab (Rx Only) (ZANTAC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>PEPCID SUSP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>PEPCID TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ZANTAC EFFER TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ZANTAC GRANULE PACKET</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ZANTAC SYRUP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ZANTAC CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>AXID CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>CIMETIDINE SOLN</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>cimetidine tab (TAGAMET equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ranitidine cap (ZANTAC equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TAGAMET TAB</td>
<td>-</td>
<td>NC</td>
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<tr>
<td>ZANTAC CAP</td>
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#### MISC. ANTI-ULCER

<table>
<thead>
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<th>DrugName</th>
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<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>sucralfate tab (CARAFATE equiv)</td>
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</tr>
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<td>CARAFATE TAB</td>
<td>-</td>
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#### PROTON PUMP INHIBITORS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>lansoprazole cap (PREVACID equiv)</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>omeprazole DR cap (PRILOSEC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>pantoprazole EC tab (PROTONIX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>PREVACID OTC CAP</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>FIRST OMEPRAZOLE SUSP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>LANSOPRAZOLE SUSP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ACIPHEX SPRINKLE CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ACIPHEX TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>DEXILANT CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>esomeprazole cap (NEXIUM equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ESOMEPRAZOLE STRONTIUM CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>NEXIUM 24HR TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>NEXIUM CAP</td>
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</tr>
<tr>
<td>NEXIUM GRANULE PACK</td>
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<td>NC</td>
</tr>
<tr>
<td>PREVACID CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PRIOSECE CAP</td>
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<td>NC</td>
</tr>
<tr>
<td>PRIOSECE OTC DR TAB</td>
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<td>NC</td>
</tr>
<tr>
<td>PROTONIX EC TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PROTONIX PAK</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>rabeprazole EC tab (ACIPHEX equiv)</td>
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### ULCER DRUGS - PROSTAGLANDINS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
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<tbody>
<tr>
<td>misoprostol tab (CYTOTEC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>CYTOTEC TAB</td>
<td>-</td>
<td>3</td>
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</tbody>
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### ULCER THERAPY COMBINATIONS

<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>ZEGERID CAP OTC</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>PREVPAC KIT</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>PYLERA CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>omeprazole/sodium bicarbonate cap (ZEGERIC equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

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### ULCER DRUGS Cont.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ZEGERID CAP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>ZEGERID POWDER PACK</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

### ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

#### ANTISPASMODICS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>METHSCOPOLAMINE TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>BELLADONNA ALKALOID/OPIUM SUPP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>GLYCATE TAB, GLYCOPYRROLATE TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>hyoscyamine inj (LEV SIN equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

#### MISC. ANTI-ULCER

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>sucrafate susp (CARAFATE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>CARAFATE SUSP</td>
<td>-</td>
<td>3</td>
</tr>
</tbody>
</table>

#### PROTON PUMP INHIBITORS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>lansoprazole odt (PREVACID SOLUTAB equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>omeprazole tab</td>
<td>OTC</td>
<td>NC</td>
</tr>
<tr>
<td>PREVACID SOLUTAB</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

### ULCER THERAPY COMBINATIONS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>TALICIA CAP</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

### URINARY ANTI-INFECTIVES

#### URINARY ANTI-INFECTIVE COMBINATIONS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>UROQID #2 TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>HYOPHEN TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>PROSED DS TAB</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>UTA cap</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

#### URINARY ANTI-INFECTIVES

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>methenamine hippurate tab (HIPREX equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>nitrofurantoin macrocrystals cap (MACRODANTIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>nitrofurantoin monohydrate cap (MACROBID equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>HIPREX TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>MACROBID CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>MACRODANTIN CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>FURADANTIN SUSP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>MACRODANTIN CAP 25MG</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>methenamine mandelate tab</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>MONUROL GRANULE PACK</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>nitrofurantoin susp (FURADANTIN equiv)</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

### URINARY ANTISPASMODICS

#### BETA-3 ADRENERGIC AGONISTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>MYRBETRIQ TAB</td>
<td>-</td>
<td>2</td>
</tr>
</tbody>
</table>

### URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHLIN) (NEW)

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>oxybutynin ER tab (DITROPA N XL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>oxybutynin syrup</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>oxybutynin tab (DITROPA N equiv)</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

**Note:** Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

---

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>URINARY ANTISPASMODICS Cont.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OXYTROL PATCH (OTC)</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>tolerodine tab (DETROL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>trospium tab (SANCTURA equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>DETROL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>DITROPAN XL TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SANCTURA TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>GELNIQUE</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>TOVIAZ TAB</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

| **URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)** |          | 1    |
| darifenacin SR tab (ENABLEX equiv)            | PA         | 1    |
| solifenacin tab (VESICARE equiv)              | -          | 1    |
| tolerodine SR cap (DETROL LA equiv)           | -          | 1    |
| trospium chloride SR cap (SANCTURA XR equiv) | PA         | 1    |
| DETROL LA CAP                                 | -          | 3    |
| ENABLEX TAB                                   | PA         | 3    |
| VESICARE TAB                                  | -          | 3    |

| **URINARY ANTISPASMODIC COMBINATIONS**       |              |      |
| URELIEF PLUS TAB                              | -            | NC   |

| **URINARY ANTISPASMODICS**                   |              |      |
| hyoscyamine tab (LEVSIN equiv)               | -            | 1    |

| **URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS** |          | 1    |
| bethanechol tab (URECHOLINE equiv)            | -          | 1    |
| URECHOLINE TAB                                | -          | 3    |

| **URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)** |          |      |
| flavoxate tab (URISPAS equiv)                 | -         | NC   |

| **BACTERIAL VACCINES**                       |              |      |
| PNEUMOVAX INJ                                 | VAC          | $0   |
| PREVNAR 13 INJ (QL=1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.) | PA-QL-VAC | $0   |
| VIVOTIF CAP (QL= 4 caps/fill)                 | QL-VAC       | 2    |

| **VIRAL VACCINES**                           |              |      |
| AFLURIA INJ                                  | VAC          | $0   |
| AFLURIA INJ, FLUZONE INJ                     | VAC          | $0   |
| FLUAD INJ                                    | VAC          | $0   |
| FLUBLOK INJ                                  | VAC          | $0   |
| FLUBLOK QUAD PF INJ                          | VAC          | $0   |
| FLUCELVAX INJ                                | VAC          | $0   |
| FLUCELVAX QUAD INJ                           | VAC          | $0   |
| FLUVALAVAL QUAD INJ, FLUZONE QUAD INJ        | VAC          | $0   |
| FLUMIST QUADRIVALENT NASAL SUSP              | VAC          | $0   |
| FLUVIRIN INJ                                 | VAC          | $0   |
| FLUVIRIN PF INJ                              | VAC          | $0   |
| FLUZONE HIGH DOSE PF INJ                     | VAC          | $0   |
| FLUZONE INTRADERMAL INJ                      | VAC          | $0   |

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<table>
<thead>
<tr>
<th>DrugName</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VACCINES Cont.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FLUZONE QUADRIVALENT INJ</td>
<td>VAC</td>
<td>$0</td>
</tr>
<tr>
<td>FLUZONE/FLUARIX QUAD INJ</td>
<td>VAC</td>
<td>$0</td>
</tr>
<tr>
<td>STAMARIL INJ</td>
<td></td>
<td>NC</td>
</tr>
<tr>
<td><strong>VAGINAL PRODUCTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>MISCELLANEOUS VAGINAL PRODUCTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACIDIC VAGINAL JELLY</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>FEM PH GEL</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>INTRAROSA SUPP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td><strong>SPERMICIDES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONCEPTROL GEL</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>CONTRACEPTIVE FILM</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>CONTRACEPTIVE FOAM</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>CONTRACEPTIVE GEL</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>CONTRACEPTIVE SUPP</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>TODAY SPONGE</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>vcf vaginal gel (CONCEPTROL equiv)</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td><strong>VAGINAL ANTI-INFECTIVES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>clindamycin vaginal cream (CLEOCIN equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>metronidazole vaginal gel (METROGEL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>NYSTATIN VAGINAL TAB</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>terconazole cream (TERAZOL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>TERCONAZOLE CREAM 0.8%</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>terconazole supp (TERAZOL equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>AVC VAGINAL CREAM</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>CLEOCIN VAGINAL CREAM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CLEOCIN VAGINAL SUPP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>CLINDESSE VAGINAL CREAM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>METROGEL VAGINAL GEL</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>MICONAZOLE 3 SUPP 200MG</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>TERAZOL CREAM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>TERAZOL SUPP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>GYNAZOLE CREAM</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td><strong>VAGINAL ESTROGENS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>estradiol cream (ESTRACE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>estradiol vaginal tab, yuvaferm vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>ESTRING</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>PREMARIN VAGINAL CREAM</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>ESTRACE VAGINAL CREAM</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>FEMRING (3 copays per Rx)</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))</td>
<td>QL</td>
<td>3</td>
</tr>
<tr>
<td>IMVEXXY SUPP</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td><strong>VAGINAL PROGESTINS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CRINONE GEL</td>
<td>PA</td>
<td>2</td>
</tr>
<tr>
<td>ENDOMETRIN INSERT</td>
<td>PA</td>
<td>2</td>
</tr>
<tr>
<td>PROGESTERONE SUPP</td>
<td>PA</td>
<td>3</td>
</tr>
</tbody>
</table>

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L.A. Care Covered Formulary and L.A. Care Covered Direct Formulary
Category/Class
Last Updated* 3/1/2020

### ANAPHYLAXIS THERAPY AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL = 2 inj/fill)</td>
<td>QL</td>
<td>1</td>
</tr>
</tbody>
</table>

### VASOPRESSORS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL = 2 inj/fill)</td>
<td>QL</td>
<td>1</td>
</tr>
<tr>
<td>SYMJEPI INJ (QL= 2 inj/fill)</td>
<td>QL</td>
<td>NC</td>
</tr>
<tr>
<td>ADRENACLICK INJ, EPINEPHRINE INJ</td>
<td>-</td>
<td>NC</td>
</tr>
<tr>
<td>EPIVET-M INJ</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

### NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTHERA CAP</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

### VASOPRESSORS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>midodrine tab (PROAMATINE equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>PROAMATINE TAB</td>
<td>-</td>
<td>3</td>
</tr>
</tbody>
</table>

### VITAMINS

#### OIL SOLUBLE VITAMINS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>vitamin D cap 1000unit (Covered for members 65 years or older)</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>vitamin D cap 400unit (Covered for members 65 years or older)</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>VITAMIN D TAB 400UNIT (Covered for members 65 years or older)</td>
<td>OTC</td>
<td>$0</td>
</tr>
<tr>
<td>cholecalciferol cap 50000 unit</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>phytonadione tab (MEPHYTON equiv)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>vitamin D cap (Rx covered Only)</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>DRISDOL CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>MEPHYTON TAB</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>ERGOCAL CAP</td>
<td>-</td>
<td>NC</td>
</tr>
</tbody>
</table>

#### WATER SOLUBLE VITAMINS

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Special Code</th>
<th>Tier</th>
</tr>
</thead>
<tbody>
<tr>
<td>niacin cap</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>niacin CR tab (SLO-NIACIN equiv)</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>niacin tab</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>NIACIN TR TAB</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>niacinamide tab</td>
<td>OTC</td>
<td>1</td>
</tr>
<tr>
<td>POTABA POWDER PACKET</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>POTABA TAB</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>POTABA CAP</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>SLO-NIACIN TAB</td>
<td>OTC</td>
<td>3</td>
</tr>
</tbody>
</table>

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Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier # for Drug Copay (if prior auth is approved)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABILIFY DISCMELT</td>
<td>3</td>
</tr>
<tr>
<td>ABILIFY SOLN</td>
<td>3</td>
</tr>
<tr>
<td>abiraterone tab 250mg</td>
<td>1</td>
</tr>
<tr>
<td>ABSTRAL SL TAB</td>
<td>3</td>
</tr>
<tr>
<td>ACTEMRA ACTPEN INJ</td>
<td>4</td>
</tr>
<tr>
<td>ACTEMRA SC INJ</td>
<td>4</td>
</tr>
<tr>
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<td>ALUNBRIG TAB 90MG, 180MG</td>
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<td>ANDROGEL 1% 50MG, TESTIM GEL 1%</td>
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<th>Drug Name</th>
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<td>DESCOVY TAB</td>
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<td>DIACOMIT CAP</td>
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<td>DIACOMIT POWDER PACK</td>
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<td>EMVERM TAB</td>
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<tr>
<td>ENABLEX TAB</td>
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<td>ENBREL INJ 50MG</td>
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<td>ESBRIET TAB 267MG</td>
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<tr>
<th>Drug Name</th>
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<td>HEMLIBRA INJ</td>
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<td>HUMIRA INJ 10MG</td>
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<tr>
<td>HUMIRA INJ PEDIATRIC CROHNS STARTER PACK</td>
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<tr>
<td>HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK</td>
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<td>HUMIRA PEN INJ 40MG</td>
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<td>PROMACTA TAB</td>
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<tr>
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<tr>
<td>QSYMIA CAP</td>
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<tr>
<td>REPATHA INJ</td>
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<td>REPATHA PUSHTRONEX INJ</td>
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<tr>
<td>RETIN-A MICRO GEL 0.04%, 0.1%</td>
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<tr>
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<td>REVLIMID CAP</td>
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<tr>
<td>RIFATER TAB</td>
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<td>SOFOSBUVIR/VELPATASVIR TAB</td>
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<tr>
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<td>SOMAVERT INJ</td>
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<tr>
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</tr>
<tr>
<td>SPIRIVA RESPIMAT INHALER 2.5MCG/ACT</td>
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<tr>
<td>SPORANOX CAP</td>
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</tr>
<tr>
<td>SPORANOX SOLN</td>
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</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier # for Drug Copay (if prior auth is approved)</th>
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<tbody>
<tr>
<td>SPRYCEL TAB</td>
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<td>STIVARGA TAB</td>
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<td>STRENSIQ INJ</td>
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<td>SUTENT CAP</td>
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<td>SYMDEKO TAB</td>
<td>4</td>
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<tr>
<td>SYMPROIC TAB</td>
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<tr>
<td>tadalafil tab (PAH)</td>
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<tr>
<td>TAFINLAR CAP</td>
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</tr>
<tr>
<td>TAGRISSO TAB</td>
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<tr>
<td>TALZENNA CAP 0.25MG</td>
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</tr>
<tr>
<td>TALZENNA CAP 1MG</td>
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<td>TASIGNA CAP</td>
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<tr>
<td>TAVALISSE TAB</td>
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<tr>
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<td>TESTOSTERONE GEL, VOGELXO GEL</td>
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<td>testosterone soln</td>
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<td>tetrabenazine tab</td>
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<td>THALOMID CAP</td>
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<td>TIBSOVO TAB</td>
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<tr>
<td>TOBI PODHALER</td>
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<td>TRACLEER TAB 32MG</td>
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<td>TRECATOR TAB</td>
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<td>TRETIN-X CREAM</td>
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<td>TRINTELLIX TAB</td>
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<td>trospium chloride SR cap</td>
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<td>TRULANCE TAB</td>
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<td>TYVASO INH SOLN</td>
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<td>TYZEKA TAB</td>
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</table>

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<thead>
<tr>
<th>Drug Name</th>
<th>Tier # for Drug Copay (if prior auth is approved)</th>
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<tbody>
<tr>
<td>UCERIS RECTAL FOAM</td>
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<td>UCERIS TAB</td>
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<td>UPTRAVI TAB</td>
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<td>VALCHLOR GEL</td>
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<tr>
<td>VELTASSA POWDER</td>
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<td>VENCLEXTA TAB</td>
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<td>VENCLEXTA TAB STARTER PACK</td>
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<tr>
<td>VENTAVIS INH SOLN</td>
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<tr>
<td>VERZENIO TAB</td>
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<tr>
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<tr>
<td>vigabatrin powder pack</td>
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</tr>
<tr>
<td>vigabatrin tab</td>
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</tr>
<tr>
<td>VITRAKVI CAP 100MG</td>
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<td>VITRAKVI CAP 25MG</td>
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<tr>
<td>VOGELXO PUMP</td>
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<td>VOSEVI TAB</td>
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<td>VOTRIENT TAB</td>
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<td>XADAGO TAB</td>
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<td>XALKORI CAP</td>
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<tr>
<td>XELJANZ TAB</td>
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<tr>
<td>XELJANZ XR TAB</td>
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<tr>
<td>XIFAXAN TAB 550MG</td>
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<td>XOSPATA TAB</td>
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<td>XTANDI CAP</td>
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<td>XYREM SOLN</td>
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<td>ZEJULA CAP</td>
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<td>ZOLINZA CAP</td>
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The following OTC drugs are a covered benefit with a prescription.

### Over-the-Counter (OTC) Medications

<table>
<thead>
<tr>
<th>Item</th>
<th>Item</th>
<th>Item</th>
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<tbody>
<tr>
<td>ACCU-CHEK AVIVA PLUS METER</td>
<td>ACCU-CHEK AVIVA PLUS TEST STRIP</td>
<td>ACCU-CHEK GUIDE CARE METER</td>
<td>ACCU-CHEK GUIDE ME KIT</td>
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<tr>
<td>ACCU-CHEK GUIDE TEST STRIP</td>
<td>ACCU-CHEK NANO METER</td>
<td>ACCU-CHEK SMARTVIEW TEST STRIP</td>
<td>ACCU-CHEK TEST STRIP</td>
</tr>
<tr>
<td>AEROCHAMBER</td>
<td>ALCOHOL SWABS</td>
<td>aspirin chew tab 81mg</td>
<td>aspirin ec tab 325mg</td>
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<tr>
<td>aspirin ec tab 81mg</td>
<td>aspirin tab 325mg</td>
<td>ASPIRIN TAB 81MG</td>
<td>B-D AUTOSHIELD DUO PEN NEEDLE</td>
</tr>
<tr>
<td>CALIBRATION LIQUID</td>
<td>cholecalciferol cap 50000 unit</td>
<td>CITRULLINE PACKET</td>
<td>CLINISTIX TEST STRIP</td>
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<tr>
<td>CONCEPTROL GEL</td>
<td>CONTRACEPTIVE FILM</td>
<td>CONTRACEPTIVE FOAM</td>
<td>CONTRACEPTIVE GEL</td>
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<tr>
<td>CONTRACEPTIVE SUPP</td>
<td>5000MG</td>
<td>FEMALE CONDOMS</td>
<td>ferrous sulfate elixir</td>
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<tr>
<td>FERROUS SULFATE LIQUID</td>
<td>ferrous sulfate sol'n</td>
<td>FERROUS SULFATE SYRUP</td>
<td>folic acid tab 400mcg</td>
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<tr>
<td>folic acid tab 800mcg</td>
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<td>FREESTYLE INSULINX TEST STRIP</td>
<td>FREESTYLE INSULINX TEST STRIP</td>
</tr>
<tr>
<td>FREESTYLE LITE METER</td>
<td>FREESTYLE LITE TEST STRIP</td>
<td>FREESTYLE PRECISION NEO METER</td>
<td>FREESTYLE PRECISION NEO TEST STRIP</td>
</tr>
<tr>
<td>FREESTYLE TEST STRIP</td>
<td>guaifenesin/codeine sol'n</td>
<td>GUAIFENESIN/CODEINE SYRUP</td>
<td>HUMULIN MIX INJ</td>
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<tr>
<td>HUMULIN MIX PEN INJ</td>
<td>HUMULIN N INJ</td>
<td>HUMULIN N PEN INJ</td>
<td>HUMULIN R INJ</td>
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<td>INFANT FORMULA LIQUID</td>
<td>INFANT FORMULA POWDER</td>
<td>IRON SUSP</td>
<td>KETO-DIASTIX TEST STRIP</td>
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<td>KETOSTIX</td>
<td>ketotifen ophth sol'n</td>
<td>LANCET DEVICE</td>
<td>LANCET KIT</td>
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<td>lansoprazole cap</td>
<td>levonorgestrel tab</td>
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<td>meclizine chew tab</td>
<td>meclizine tab</td>
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<td>niacin cap</td>
<td>niacin CR tab</td>
<td>niacin tab</td>
<td>NIAIN TR TAB</td>
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<td>niacinamide tab</td>
<td>NICODERM PATCH</td>
<td>NICORETTE GUM</td>
<td>NICORETTE LOZENGE</td>
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<td>NICOTINE KIT</td>
<td>nicotine lozenge</td>
<td>nicotine patch</td>
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<tr>
<td>NINJACOF-XG LIQUID</td>
<td>NOVOLIN 70/30 FLEXPEN INJ</td>
<td>NOVOLIN INJ</td>
<td>NOVOLIN N FLEXPEN INJ</td>
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<tr>
<td>NOVOLIN R FLEXPEN INJ</td>
<td>NUTRITIONAL SUPPLEMENT LIQUID</td>
<td>NUTRITIONAL SUPPLEMENT POWDER</td>
<td>OXYTROL PATCH (OTC)</td>
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<td>PLAN B TAB</td>
<td>PRECISION XTRA KETONE TEST STRIP</td>
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<td>PRECISION XTRA METER</td>
<td>PRECISION XTRA TEST STRIP</td>
<td>PREVACID OTC CAP</td>
<td>pro-stat liquid</td>
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<tr>
<td>pseudoephedrine/bromphenir amine/codeine liquid</td>
<td>SLO-NIACIN TAB</td>
<td>TECHLITE INSULIN SYRINGE</td>
<td>TECHLITE PEN NEEDLE</td>
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<tr>
<td>TODAY SPONGE</td>
<td>triamcinolone OTC nasal spray</td>
<td>TRUEPLUS INSULIN SYRINGE</td>
<td>TRUEPLUS PEN NEEDLE</td>
</tr>
</tbody>
</table>

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**Mandatory Specialty Pharmacy (MSP) Medications**

<table>
<thead>
<tr>
<th>ACTEMRA ACTPEN INJ</th>
<th>ACTEMRA SC INJ</th>
<th>ACTIMMUNE INJ</th>
<th>ADEMPAS TAB</th>
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<tr>
<td>ALECENSA CAP</td>
<td>ambrisentan tab</td>
<td>APOKYN INJ</td>
<td>AUBAGIO TAB</td>
</tr>
<tr>
<td>AVONEX INJ</td>
<td>BALVERSA TAB 3MG</td>
<td>BALVERSA TAB 4MG</td>
<td>BALVERSA TAB 5MG</td>
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<tr>
<td>BENLYSTA</td>
<td>BENLYSTA INJ</td>
<td>bosentan tab</td>
<td>BRAFTOVI CAP 50MG</td>
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<td>AUTO-INJECTOR</td>
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<tr>
<td>BRAFTOVI CAP 75MG</td>
<td>CABLIVI INJ KIT</td>
<td>CABOMETYX TAB</td>
<td>CALQUENCE CAP</td>
</tr>
<tr>
<td>CAPRELSA TAB</td>
<td>CARBAGLU TAB</td>
<td>CERDELGA CAP</td>
<td>CHOLBAM CAP</td>
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<td>CIMZIA INJ</td>
<td>CIMZIA STARTER INJ KIT</td>
<td>cinacalcet tab</td>
<td>COMETRIQ KIT</td>
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<tr>
<td>COPIKTRA CAP</td>
<td>COSENTXY INJ (1-PACK)</td>
<td>COSENTXY INJ (2-PACK)</td>
<td>COTELIC TAB</td>
</tr>
<tr>
<td>CUVPUSA SOLN</td>
<td>CYSTAGON CAP</td>
<td>CYSTARAN OPHTH SOLN</td>
<td>dalfampridine ER tab</td>
</tr>
<tr>
<td>DARAPRIM TAB</td>
<td>deferasirox tab</td>
<td>DIACOMIT CAP</td>
<td>DIACOMIT POWDER PACK</td>
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<tr>
<td>DUPIXENT INJ</td>
<td>ENBREL INJ 25MG</td>
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<td>ENBREL MINI INJ</td>
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<td>ENBREL SURECLICK INJ</td>
<td>ESBRIET CAP</td>
<td>ESBRIET TAB 267MG</td>
<td>ESBRIET TAB 801MG</td>
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<td>HUMIRA PEN INJ 40MG</td>
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<td>hydroxyprogesterone inj</td>
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<td>ICLUSIG TAB</td>
<td>IDHIFA TAB</td>
<td>IMBRUVICA CAP 140MG</td>
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<td>INCIVEK TAB</td>
<td>INCRELEX INJ</td>
<td>INGREZZA CAP</td>
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<td>IRESSA TAB</td>
<td>JAKAFI TAB</td>
<td>JYNARQUE PAK</td>
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<td>KINERET INJ</td>
<td>KORLYM TAB</td>
<td>KUVAN POWDER PACK</td>
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<td>LYNPARZA CAP</td>
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<td>LYSODREN TAB</td>
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<td>MAYZENT TAB STARTER PACK</td>
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<td>MEKTOVI TAB</td>
<td>MIACALCIN INJ</td>
<td>miglustat cap</td>
<td>MYLERAN TAB</td>
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<td>NERLYNX TAB</td>
<td>NEXAVAR TAB</td>
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<td>OFEV CAP</td>
<td>OPSUMIT TAB</td>
<td>ORENCIA CLICK INJ</td>
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<tr>
<td>ORENCIA SC INJ 125MG/ML</td>
<td>ORENCIA SC INJ</td>
<td>ORENCIA SC INJ 87.5MG/0.7ML</td>
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<td>OTEZLA TAB</td>
<td>PALYNZIQ INJ</td>
<td>PLEGRIDY INJ</td>
<td>PLEGRIDY PEN INJ</td>
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<td>RINVOQ ER TAB</td>
<td>RISPERDAL CONSTA INJ</td>
<td>RUBRACA TAB</td>
<td>RUZURGI TAB</td>
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<tr>
<td>SIGNIFOR INJ</td>
<td>SKYRIZI INJ</td>
<td>SOMAVERT INJ</td>
<td>STIVARGA TAB</td>
</tr>
<tr>
<td>STRENSIQ INJ</td>
<td>tadalfil tab (PAH)</td>
<td>TAGRISSO TAB</td>
<td>TAVALISSE TAB</td>
</tr>
</tbody>
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TECFIDERA CAP
TECFIDERA STARTER PACK
TIBSOVO TAB
VALCHLOR GEL
VERZENIO TAB
VITRAKVI CAP 100MG
XELJANZ XR TAB
ZELBORAF TAB
TEGSEDI INJ
tetrabenazine tab
TRACLEER TAB 32MG
VENCLEXTA STARTER PACK
VICTRELIS CAP
VITRAKVI CAP 25MG
XOSPATA TAB
ZYDELIG TAB
TYVASO INH SOLN
VENCLEXTA TAB
VENCLEXTA TAB
vigabatrin powder pack
VITRAKVI SOLN
XYREM SOLN
VITRAKVI SOLN
XELJANZ TAB
ZEJULA CAP
UPTRAVI TAB
VENTAVIS INH SOLN
vigabatrin tab

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The following drugs are covered on the formulary with a Step Therapy.

### Step Therapy (ST) Medications

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Step Therapy Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTONEL TAB</td>
<td>Step Therapy requires trial of alendronate</td>
</tr>
<tr>
<td>ADMELOG INJ, INSULIN LISPRO INJ</td>
<td>Step Therapy requires trial of NOVOLOG</td>
</tr>
<tr>
<td>ADMELOG SOLOSTAR INJ, INSULIN</td>
<td>Step Therapy requires trial of NOVOLOG</td>
</tr>
<tr>
<td>LISPRO KWIKPEN INJ</td>
<td></td>
</tr>
<tr>
<td>APIDRA INJ</td>
<td>Step Therapy requires trial of NOVOLOG</td>
</tr>
<tr>
<td>APIDRA SOLOSTAR INJ</td>
<td>Step Therapy requires trial of NOVOLOG</td>
</tr>
<tr>
<td>ARANESP INJ</td>
<td>Step Therapy requires trial of EPOGEN or PROCRIT</td>
</tr>
<tr>
<td>ARICEPT TAB 23MG</td>
<td>QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg</td>
</tr>
<tr>
<td>ATELVIA TAB</td>
<td>Step Therapy requires trial of alendronate</td>
</tr>
<tr>
<td>BECONASE AQ NASAL SPRAY</td>
<td>QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone</td>
</tr>
<tr>
<td>BONIVA TAB 150MG</td>
<td>QL= 1 tab/30 days; Step Therapy requires trial of alendronate</td>
</tr>
<tr>
<td>DIFICID TAB</td>
<td>QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or FIRVANQ SOLN</td>
</tr>
<tr>
<td>donepezil tab 23mg</td>
<td>QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg</td>
</tr>
<tr>
<td>EXELON PATCH</td>
<td>Step Therapy requires trial of rivastigmine cap</td>
</tr>
<tr>
<td>febuxostat tab</td>
<td>Step Therapy requires trial of allopurinol</td>
</tr>
<tr>
<td>fluvoxamine ER cap</td>
<td>Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine</td>
</tr>
<tr>
<td>gatifloxacin ophth soln</td>
<td>Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA</td>
</tr>
<tr>
<td>HUMALOG MIX INJ</td>
<td>Step Therapy requires trial of NOVOLOG</td>
</tr>
<tr>
<td>HUMALOG MIX KWIKPEN INJ</td>
<td>Step Therapy requires trial of NOVOLOG</td>
</tr>
<tr>
<td>HUMULIN MIX INJ</td>
<td>Step Therapy requires trial of NOVOLIN</td>
</tr>
<tr>
<td>HUMULIN MIX PEN INJ</td>
<td>Step Therapy requires trial of NOVOLIN</td>
</tr>
<tr>
<td>HUMULIN N INJ</td>
<td>Step Therapy requires trial of NOVOLIN</td>
</tr>
<tr>
<td>HUMULIN N PEN INJ</td>
<td>Step Therapy requires trial of NOVOLIN</td>
</tr>
<tr>
<td>HUMULIN R INJ</td>
<td>Step Therapy requires trial of NOVOLIN</td>
</tr>
<tr>
<td>ibandronate tab 150mg</td>
<td>QL= 1 tab/30 days; Step Therapy requires trial of alendronate</td>
</tr>
<tr>
<td>LEVALBUTEROL INHALER, XOPENEX</td>
<td>QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA INHALER</td>
</tr>
<tr>
<td>LIVALO TAB</td>
<td>Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin</td>
</tr>
<tr>
<td>LUVOX CR CAP</td>
<td>Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine</td>
</tr>
<tr>
<td>memantine ER cap</td>
<td>Step Therapy requires trial of memantine tab</td>
</tr>
<tr>
<td>MOVIPREP SOLN</td>
<td>Step Therapy requires trial of CLENPIQ</td>
</tr>
<tr>
<td>nevirapine ER tab</td>
<td>Step Therapy requires trial of nevirapine</td>
</tr>
<tr>
<td>NORITATE CREAM</td>
<td>Step Therapy requires trial of FINACEA</td>
</tr>
</tbody>
</table>

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Step Therapy (ST) Medications

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Step Therapy Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>OSMOPREP TAB</td>
<td>Step Therapy requires trial of CLENPIQ</td>
</tr>
<tr>
<td>PEXEVA TAB</td>
<td>Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine</td>
</tr>
<tr>
<td>risedronate DR tab</td>
<td>Step Therapy requires trial of alendronate</td>
</tr>
<tr>
<td>risedronate tab</td>
<td>Step Therapy requires trial of alendronate</td>
</tr>
<tr>
<td>rivastigmine patch</td>
<td>Step Therapy requires trial of rivastigmine cap</td>
</tr>
<tr>
<td>SPIRIVA RESPIMAT INHALER</td>
<td>QL = 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL</td>
</tr>
<tr>
<td>1.25MCG/ACT SUPREP SOLN</td>
<td>Step Therapy requires trial of CLENPIQ</td>
</tr>
<tr>
<td>ULORIC TAB</td>
<td>Step Therapy requires trial of allopurinol</td>
</tr>
<tr>
<td>vancomycin cap</td>
<td>QL = 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN</td>
</tr>
<tr>
<td>ZETONNA NASAL SPRAY</td>
<td>QL = 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone</td>
</tr>
<tr>
<td>ZYMAXID OPHTH SOLN</td>
<td>Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier # for Drug Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUPROPION SR TAB</td>
<td>$0</td>
</tr>
<tr>
<td>CHANTIX PAK</td>
<td>$0</td>
</tr>
<tr>
<td>CHANTIX TAB</td>
<td>$0</td>
</tr>
<tr>
<td>NICODERM PATCH</td>
<td>$0</td>
</tr>
<tr>
<td>NICORETTE GUM</td>
<td>$0</td>
</tr>
<tr>
<td>NICORETTE LOZENGE</td>
<td>$0</td>
</tr>
<tr>
<td>NICOTINE GUM</td>
<td>$0</td>
</tr>
<tr>
<td>NICOTINE KIT</td>
<td>$0</td>
</tr>
<tr>
<td>NICOTINE LOZENGE</td>
<td>$0</td>
</tr>
<tr>
<td>NICOTINE PATCH</td>
<td>$0</td>
</tr>
<tr>
<td>NICOTROL INHALER</td>
<td>$0</td>
</tr>
<tr>
<td>NICOTROL NASAL SPRAY</td>
<td>$0</td>
</tr>
<tr>
<td>ZYBAN TAB</td>
<td>$0</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Tier # for Drug Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAVELLE INJ</td>
<td>NC</td>
</tr>
<tr>
<td>CETROTIDE INJ</td>
<td>NC</td>
</tr>
<tr>
<td>CLOMIPHENE CITRATE POWDER</td>
<td>NC</td>
</tr>
<tr>
<td>CLOMIPHENE CITRATE TAB</td>
<td>NC</td>
</tr>
<tr>
<td>FOLLISTIM AQ INJ</td>
<td>NC</td>
</tr>
<tr>
<td>GONAL-F RFF INJ</td>
<td>NC</td>
</tr>
<tr>
<td>MENOPUR INJ</td>
<td>NC</td>
</tr>
<tr>
<td>OVIDREL INJ</td>
<td>NC</td>
</tr>
<tr>
<td>PREGNYL INJ</td>
<td>NC</td>
</tr>
</tbody>
</table>

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The following drugs are covered on the formulary with a Quantity Limit.

### Quantity Limit (QL) Medications

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABILIFY DISCMELT</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>abiraterone tab 250mg</td>
<td>QL= 4 tabs/day</td>
</tr>
<tr>
<td>ABSTRAL SL TAB</td>
<td>QL= 120 tabs/30 days</td>
</tr>
<tr>
<td>acetaminophen/codeine soln</td>
<td>QL=240ml/30 days</td>
</tr>
<tr>
<td>acetaminophen/codeine tab</td>
<td>QL=180 tabs/30 days</td>
</tr>
<tr>
<td>ACTEMRA ACTPEN INJ</td>
<td>QL= 2 inj/28 days</td>
</tr>
<tr>
<td>ACTEMRA SC INJ</td>
<td>QL= 2 inj/28 days</td>
</tr>
<tr>
<td>ACTIQ LOZENGE</td>
<td>QL= 120 units/30 days</td>
</tr>
<tr>
<td>ADEMPAS TAB</td>
<td>QL= 3 tabs/day; Only available through Accredo 888-773-7376</td>
</tr>
<tr>
<td>ADIPEX-P CAP</td>
<td></td>
</tr>
<tr>
<td>ADIPEX-P TAB</td>
<td></td>
</tr>
<tr>
<td>AFINITOR DISPERZ</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>AFINITOR TAB 10MG</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>AKYNZEO CAP</td>
<td>QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist</td>
</tr>
<tr>
<td>ALECENSA CAP</td>
<td>QL= 8 caps/day</td>
</tr>
<tr>
<td>ALINIA SUSB</td>
<td>QL= 60ml/3 days</td>
</tr>
<tr>
<td>ALINIA TAB</td>
<td>QL= 6 tabs/3 days</td>
</tr>
<tr>
<td>ALOGLIPTIN TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>ALOGLIPTIN-METFORMIN TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>ALOGLIPTIN-PIOGLITAZONE TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>alprazolam tab</td>
<td>QL= 5 tabs/day</td>
</tr>
<tr>
<td>ALUNBRIG TAB 30MG</td>
<td>QL= 4 tabs/day</td>
</tr>
<tr>
<td>ALUNBRIG TAB 90MG, 180MG</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>AMBIEN TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>ambrisentan tab</td>
<td>QL= 1 tab/day; Only available through Lumicera 855-847-3553 or Walgreens 888-347-3416</td>
</tr>
<tr>
<td>AMERGE TAB</td>
<td>QL= 9 tabs/fill, 2 fills/30 days</td>
</tr>
<tr>
<td>ANDRODERM PATCH</td>
<td>QL= 1 patch/day</td>
</tr>
<tr>
<td>ANDROGEL 1% 25MG</td>
<td>QL= 1 packet/day</td>
</tr>
<tr>
<td>ANDROGEL 1% 50MG, TESTIM GEL 1%</td>
<td>QL= 2 packets/day</td>
</tr>
<tr>
<td>ANDROGEL 1.62% 1.25GM</td>
<td>QL= 1 packet/day</td>
</tr>
<tr>
<td>ANDROGEL 1.62% 2.5GM</td>
<td>QL= 2 packets/day</td>
</tr>
<tr>
<td>ANDROGEL PUMP 1%</td>
<td>QL= 4 bottles/30 days</td>
</tr>
<tr>
<td>ANDROGEL PUMP 1.62%</td>
<td>QL= 2 bottles/30 days</td>
</tr>
<tr>
<td>ANZEMET TAB</td>
<td>QL= 9 tabs/fill</td>
</tr>
<tr>
<td>aperitant cap</td>
<td>QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist</td>
</tr>
<tr>
<td>aperitant pak</td>
<td>QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist</td>
</tr>
<tr>
<td>ARICEPT ODT</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>ARICEPT TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>ARICEPT TAB 23MG</td>
<td>QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg</td>
</tr>
<tr>
<td>aripiprazole ODT</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>armodafinil tab</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>ATRIPLA TAB</td>
<td>QL= 1 tab/day</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVINZA CAP</td>
<td>QL= 2 caps/day</td>
</tr>
<tr>
<td>AXIRON SOLN</td>
<td>QL= 2 bottles/30 days</td>
</tr>
<tr>
<td>BALVERSA TAB 3MG</td>
<td>QL= 3 tabs/day; Only available through US Bioservices 888-518-7246</td>
</tr>
<tr>
<td>BALVERSA TAB 4MG</td>
<td>QL= 2 tabs/day; Only available through US Bioservices 888-518-7246</td>
</tr>
<tr>
<td>BALVERSA TAB 5MG</td>
<td>QL= 1 tab/day; Only available through US Bioservices 888-518-7246</td>
</tr>
<tr>
<td>BAQSIMI NASAL POWDER</td>
<td>QL= 2 inhalations/fill</td>
</tr>
<tr>
<td>BECONASE AQ NASAL SPRAY</td>
<td>QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone</td>
</tr>
<tr>
<td>BELVIQ TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>BELVIQ XR TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>BENLYSTA AUTO-INJECTOR</td>
<td>QL= 4 inj/28 day</td>
</tr>
<tr>
<td>BENLYSTA INJ</td>
<td>QL= 4 inj/28 day</td>
</tr>
<tr>
<td>BIKTARVY TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>bimatoprost ophth soln</td>
<td>QL= 2.5ml/30 days</td>
</tr>
<tr>
<td>BONIVA TAB 150MG</td>
<td>QL= 1 tab/30 days; Step Therapy requires trial of alendronate</td>
</tr>
<tr>
<td>bosentan tab</td>
<td>QL= 2 tabs/day; Only available through Walgreens 888-347-3416</td>
</tr>
<tr>
<td>BRAFTOVI CAP 50MG</td>
<td>QL= 4 caps/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>BRAFTOVI CAP 75MG</td>
<td>QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>budesonide ER tab</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>buprenorphine patch</td>
<td>QL= 4 patches/28 days</td>
</tr>
<tr>
<td>BUPRENORPHINE PATCH, BUTRANS PATCH</td>
<td>QL= 4 patches/28 days</td>
</tr>
<tr>
<td>butorphanol nasal spray</td>
<td>QL= 1 bottle/fill, 2 fills/30 days</td>
</tr>
<tr>
<td>BUTRANS PATCH</td>
<td>QL= 4 patches/28 days</td>
</tr>
<tr>
<td>BYDUREON BCISE AUTO INJ</td>
<td>QL= 4 inj/28 days</td>
</tr>
<tr>
<td>BYDUREON INJ</td>
<td>QL= 4 inj/28 days</td>
</tr>
<tr>
<td>BYDUREON PEN INJ</td>
<td>QL= 4 inj/28 days</td>
</tr>
<tr>
<td>BYETTA INJ</td>
<td>QL= 1 pen/30 days</td>
</tr>
<tr>
<td>CABLIVI INJ KIT</td>
<td>QL= 1 vial/day; Only available through Biologics 800-850-4306</td>
</tr>
<tr>
<td>CABOMETYX TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>CALQUENCE CAP</td>
<td>QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>CAPITAL/CODEINE SUSP</td>
<td>QL= 240ml/30 days</td>
</tr>
<tr>
<td>carisoprodol tab</td>
<td>QL= 120 tabs/30 days</td>
</tr>
<tr>
<td>CAVERJECT INJ</td>
<td>QL= 6 inj/30 days</td>
</tr>
<tr>
<td>CELEBREX CAP</td>
<td>QL= 2 caps/day</td>
</tr>
<tr>
<td>celecoxib cap</td>
<td>QL= 2 caps/day</td>
</tr>
<tr>
<td>CIMDUO TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>CIMZIA INJ</td>
<td>QL= 2 inj/28 days</td>
</tr>
<tr>
<td>CIMZIA STARTER INJ KIT</td>
<td>QL= 1 kit/plan year</td>
</tr>
<tr>
<td>codeine sulfate tab 60mg</td>
<td>QL= 180 tabs/30 days</td>
</tr>
<tr>
<td>codeine sulfate tablet 15mg, 30mg</td>
<td>QL= 240 tabs/30 days</td>
</tr>
<tr>
<td>COMPLERA TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>CONTRAVE TAB</td>
<td>QL= 4 tabs/day</td>
</tr>
</tbody>
</table>

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### Quantity Limit (QL) Medications

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPIKTRA CAP</td>
<td>QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>COSENTYX INJ (1-PACK)</td>
<td>QL= 1 inj/28 days</td>
</tr>
<tr>
<td>COSENTYX INJ (2-PACK)</td>
<td>QL= 2 inj/28 days</td>
</tr>
<tr>
<td>COTELIC TAB</td>
<td>QL= 3 tabs/day</td>
</tr>
<tr>
<td>CRESTOR TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>CRESTOR TAB 20MG</td>
<td>QL= 1.5 tabs/day</td>
</tr>
<tr>
<td>CYSTARAN OPHTH SOLN</td>
<td>QL= 4 bottles/30 days; Only available through Walgreens 888-347-3416</td>
</tr>
<tr>
<td>dalfampridine ER tab</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>DARAPRIM TAB</td>
<td>QL= 3 tabs/day; Only available through Walgreens 888-347-3416</td>
</tr>
<tr>
<td>DAZIDOX TAB</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>DELSTRIGO TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>DEMEROL TAB</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>DIASTAT RECTAL GEL, DIAZEPAM</td>
<td>QL= 5 inj/30 days</td>
</tr>
<tr>
<td>RECTAL GEL</td>
<td></td>
</tr>
<tr>
<td>diazepam conc</td>
<td>QL= 180ml/30 days</td>
</tr>
<tr>
<td>DIAZEPAM SOLN</td>
<td>QL= 180ml/30 days</td>
</tr>
<tr>
<td>diazepam tab 2mg, 10mg</td>
<td>QL= 4 tabs/day</td>
</tr>
<tr>
<td>diazepam tab 5mg</td>
<td>QL= 3 tabs/day</td>
</tr>
<tr>
<td>diclofenac gel</td>
<td>QL= 300gm/30 days</td>
</tr>
<tr>
<td>diclofenac gel 1%</td>
<td>QL= 5 tubes/fill</td>
</tr>
<tr>
<td>DICLOFENAC PATCH, FLECTOR PATCH</td>
<td>QL= 30 patches/fill</td>
</tr>
<tr>
<td>DIFICID TAB</td>
<td>QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, vancomycin soln, or</td>
</tr>
<tr>
<td></td>
<td>FIRVANQ SOLN</td>
</tr>
<tr>
<td>DILAUDID TAB 2MG</td>
<td>QL= 240 tabs/30 days</td>
</tr>
<tr>
<td>DILAUDID TAB 4MG</td>
<td>QL=180 tabs/30 days</td>
</tr>
<tr>
<td>DILAUDID TAB 8MG</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>DOLOPHINE TAB</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>donepezil ODT</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>donepezil tab</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>donepezil tab 23mg</td>
<td>QL= 1 tab/day; Step Therapy requires trial of donepezil 10mg</td>
</tr>
<tr>
<td>DOPELET TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>DOVATO TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>DUPIXENT INJ</td>
<td>QL= 2 inj/ 28 days</td>
</tr>
<tr>
<td>DURAGESIC PATCH</td>
<td>QL=10 patches/30 days</td>
</tr>
<tr>
<td>EDEX INJ</td>
<td>QL= 6 inj/30 days</td>
</tr>
<tr>
<td>EMEND PAK</td>
<td>QL= 3 caps/fill; Restricted to Oncology or Hematology Specialist</td>
</tr>
<tr>
<td>ENBREL INJ 25MG</td>
<td>QL= 8 inj/28 days</td>
</tr>
<tr>
<td>ENBREL INJ 50MG</td>
<td>QL= 4 inj/28 days</td>
</tr>
<tr>
<td>ENBREL MINI INJ</td>
<td>QL= 4 inj/28 days</td>
</tr>
<tr>
<td>ENBREL SURECLICK INJ 50MG</td>
<td>QL= 4 inj/28 days</td>
</tr>
<tr>
<td>enoxaparin inj</td>
<td>QL= 17 days supply</td>
</tr>
<tr>
<td>entecavir tab</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>epinephrine pen inj 0.15mg, 0.3mg</td>
<td>QL= 2 inj/fill</td>
</tr>
</tbody>
</table>

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.
**Quantity Limit (QL) Medications**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>ERLEADA TAB</td>
<td>QL= 4 tabs/day</td>
</tr>
<tr>
<td>ESBRIET CAP</td>
<td>QL= 9 caps/day</td>
</tr>
<tr>
<td>ESBRIET TAB 267MG</td>
<td>QL= 9 tabs/day</td>
</tr>
<tr>
<td>ESBRIET TAB 801MG</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>estradiol vaginal tab, yuvafem vaginal tab</td>
<td>QL= 8 tabs/28 days (18 tabs on first fill)</td>
</tr>
<tr>
<td>esbriet tab</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>everolimus tab</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>ezetimibe/simvastatin tab</td>
<td>QL= 1 tab/day (10-80mg is Not Covered)</td>
</tr>
<tr>
<td>FANAPT TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>FANAPT TITRATION PACK</td>
<td>QL= 1 pack/plan year</td>
</tr>
<tr>
<td>FARYDAK CAP</td>
<td>QL= 6 caps/21 days</td>
</tr>
<tr>
<td>FASENRA PEN INJ</td>
<td>QL= 1 inj/56 days</td>
</tr>
<tr>
<td>fentanyl citrate lollipop</td>
<td>QL= 120 lozenges/30 days</td>
</tr>
<tr>
<td>fentanyl patch</td>
<td>QL= 10 patches/30 days</td>
</tr>
<tr>
<td>FENTORA TAB, FENTANYL BUCCAL TAB</td>
<td>QL= 120 tabs/30 days</td>
</tr>
<tr>
<td>FETZIMA CAP</td>
<td>QL= 1 cap/day</td>
</tr>
<tr>
<td>FETZIMA TITRATION PACK</td>
<td>QL= 1 cap/day</td>
</tr>
<tr>
<td>fluticasone nasal spray</td>
<td>QL= 2 bottles/fill</td>
</tr>
<tr>
<td>FREESTYLE LIBRE RECEIVER</td>
<td>QL= 1 receiver/year</td>
</tr>
<tr>
<td>FREESTYLE LIBRE SENSOR (10-DAY)</td>
<td>QL= 3 sensors/30 days</td>
</tr>
<tr>
<td>FREESTYLE LIBRE SENSOR (14-DAY)</td>
<td>QL= 2 sensors/28 days</td>
</tr>
<tr>
<td>GAVILYTE-C SOLN</td>
<td>Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay</td>
</tr>
<tr>
<td>GILENYA CAP</td>
<td>QL= 1 cap/day</td>
</tr>
<tr>
<td>GILOTRIF TAB</td>
<td>QL= 1 tab/day; Only available through Accredo 888-773-7376</td>
</tr>
<tr>
<td>GLUCAGEN HYPOKIT INJ</td>
<td>QL= 2 inj/fill</td>
</tr>
<tr>
<td>GLUCAGON INJ KIT</td>
<td>QL= 2 inj/fill</td>
</tr>
<tr>
<td>granisetron tab</td>
<td>QL= 9 tabs/fill</td>
</tr>
<tr>
<td>GRANISOL SOLN</td>
<td>QL= 60ml/fill</td>
</tr>
<tr>
<td>guaifenesin/codeine syrup</td>
<td>QL= 240ml/fill</td>
</tr>
<tr>
<td>GVOKE PFS INJ</td>
<td>QL= 2 inj/fill</td>
</tr>
<tr>
<td>HUMIRA INJ 10MG</td>
<td>QL= 2 syringes/28 days</td>
</tr>
<tr>
<td>HUMIRA INJ 20MG</td>
<td>QL= 2 syringes/28 days</td>
</tr>
<tr>
<td>HUMIRA INJ 40MG</td>
<td>QL= 2 syringes/28 days</td>
</tr>
<tr>
<td>HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK</td>
<td>QL= 1 pack/fill, 1 fill/plan year</td>
</tr>
<tr>
<td>HUMIRA INJ PEDIATRIC CROHNS STARTER PACK</td>
<td>QL= 1 pack/fill, 1 fill/plan year</td>
</tr>
<tr>
<td>HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK</td>
<td>QL= 1 pack/fill, 1 fill/plan year</td>
</tr>
<tr>
<td>HUMIRA PEN INJ 40MG</td>
<td>QL= 2 pens/28 days</td>
</tr>
<tr>
<td>HYCET SOLN</td>
<td>QL= 1800ml/30 days</td>
</tr>
<tr>
<td>hydrocodone/acetaminophen soln</td>
<td>QL= 1800ml/30 days</td>
</tr>
</tbody>
</table>

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing. **Products listed may not be all inclusive and are subject to change.**
The following drugs are covered on the formulary with a Quantity Limit:

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>hydrocodone/acetaminophen tab</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>hydrocodone/acetaminophen tab 2.5-325mg</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>hydrocodone/chlorpheniramine CR susp</td>
<td>QL=120ml/fill; 2 fills/30 days</td>
</tr>
<tr>
<td>hydrocodone/chlorpheniramine/pseudoephedrine liquid</td>
<td>QL=120ml/fill, 2 fills/30 days</td>
</tr>
<tr>
<td>hydrocodone/ibuprofen tab</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>hydromorphone tab 2mg</td>
<td>QL=240 tabs/30 days</td>
</tr>
<tr>
<td>hydromorphone tab 4mg</td>
<td>QL=180 tabs/30 days</td>
</tr>
<tr>
<td>hydromorphone tab 8mg</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>ibandronate tab 150mg</td>
<td>QL=1 tab/30 days; Step Therapy requires trial of alendronate</td>
</tr>
<tr>
<td>IBRANCE CAP</td>
<td>QL=21 caps/28 days</td>
</tr>
<tr>
<td>IDHIFA TAB</td>
<td>QL=1 tab/day</td>
</tr>
<tr>
<td>imatinib tab</td>
<td>QL=3 tabs/day</td>
</tr>
<tr>
<td>IMBRUVICA CAP 140MG</td>
<td>QL=3 caps/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>IMBRUVICA CAP 70MG</td>
<td>QL=1 cap/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>IMBRUVICA TAB</td>
<td>QL=1 tab/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>IMITREX INJ</td>
<td>QL=4 inj/fill, 2 fills/30 days</td>
</tr>
<tr>
<td>IMITREX TAB</td>
<td>QL=9 tabs/fill, 2 fills/30 days</td>
</tr>
<tr>
<td>INGREZZA CAP</td>
<td>QL=1 cap/day; Only available through Garfield Pharmacy 323-295-5585</td>
</tr>
<tr>
<td>INLYTA TAB</td>
<td>QL=8 tabs/day</td>
</tr>
<tr>
<td>JAKAFI TAB</td>
<td>QL=2 tabs/day</td>
</tr>
<tr>
<td>JANUMET TAB</td>
<td>QL=2 tabs/day</td>
</tr>
<tr>
<td>JANUMET XR TAB</td>
<td>QL=2 tabs/day</td>
</tr>
<tr>
<td>JANUVIA TAB</td>
<td>QL=1 tab/day</td>
</tr>
<tr>
<td>JARDIANCE TAB</td>
<td>QL=1 tab/day</td>
</tr>
<tr>
<td>JULUCA TAB</td>
<td>QL=1 tab/ day</td>
</tr>
<tr>
<td>JYNARQUE PAK</td>
<td>QL=2 tabs/day; Only available through Walgreens 888-347-3416</td>
</tr>
<tr>
<td>JYNARQUE TAB</td>
<td>QL=2 tabs/day; Only available through Walgreens 888-347-3416</td>
</tr>
<tr>
<td>KALLYDECO PAK</td>
<td>QL=2 packets/day</td>
</tr>
<tr>
<td>KALLYDECO TAB</td>
<td>QL=2 tabs/day</td>
</tr>
<tr>
<td>ketorolac tab</td>
<td>QL=20 tabs/5 days</td>
</tr>
<tr>
<td>KEVZARA INJ</td>
<td>QL=2 inj/28 days</td>
</tr>
<tr>
<td>KINERET INJ</td>
<td>QL=1 inj/day; Only available through Biologics 800-850-4306</td>
</tr>
<tr>
<td>KYTRIL TAB</td>
<td>QL=9 tabs/fill</td>
</tr>
<tr>
<td>LASTACAFT OPTH SOLN</td>
<td>QL=3ml/30 days</td>
</tr>
<tr>
<td>latanoprost ophth soln</td>
<td>QL=2.5ml/30 days</td>
</tr>
<tr>
<td>LAZANDA NASAL SPRAY</td>
<td>QL=15 bottles/30 days</td>
</tr>
<tr>
<td>LEDIPSIVIR/SOFOSBUVIR TAB</td>
<td>QL=1 tab/ day</td>
</tr>
<tr>
<td>LENVIMA CAP</td>
<td>QL=3 caps/day; Only available through Accredo 888-773-7376</td>
</tr>
<tr>
<td>LEVALBUTEROL INHALER, XOPENEX</td>
<td>QL=2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA</td>
</tr>
<tr>
<td>lidocaine oint</td>
<td>QL=107gm/30 days</td>
</tr>
<tr>
<td>lidocaine patch</td>
<td>QL=3 patches/day</td>
</tr>
</tbody>
</table>

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The following drugs are covered on the formulary with a Quantity Limit.

### Quantity Limit (QL) Medications

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIDODERM PATCH</td>
<td>QL= 3 patches/day</td>
</tr>
<tr>
<td>LORBRENA TAB 100MG</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>LORBRENA TAB 25MG</td>
<td>QL= 3 tabs/day</td>
</tr>
<tr>
<td>LORTAB</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>LORTAB ELIXIR</td>
<td>QL=1800ml/30 days</td>
</tr>
<tr>
<td>LOVENOX INJ</td>
<td>QL= 17 days supply</td>
</tr>
<tr>
<td>LUMIGAN OPTH SOLN</td>
<td>QL= 2.5ml/30 days</td>
</tr>
<tr>
<td>LUNESTA TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>LYNPARZA CAP</td>
<td>Only available through Biologics 800-850-4306, QL= 16 caps/day</td>
</tr>
<tr>
<td>LYNPARZA TAB</td>
<td>Only available through Biologics 800-850-4306, QL= 4 tabs/day</td>
</tr>
<tr>
<td>malathion lotion</td>
<td>QL= 2 bottles/fill</td>
</tr>
<tr>
<td>MAVYRET TAB</td>
<td>QL= 3 tabs/day</td>
</tr>
<tr>
<td>MAXALT MLT TAB</td>
<td>QL= 12 tabs/fill, 3 fills/60 days</td>
</tr>
<tr>
<td>MAXALT TAB</td>
<td>QL= 12 tabs/fill, 3 fills/60 days</td>
</tr>
<tr>
<td>MEKINIST TAB 0.5MG</td>
<td>QL= 3 tabs/day</td>
</tr>
<tr>
<td>MEKINIST TAB 2MG</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>MEKTOVI TAB</td>
<td>QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>MEPERIDINE TAB</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>methadone conc</td>
<td>QL=600ml/30 days</td>
</tr>
<tr>
<td>METHADONE SOLN 10MG/5ML</td>
<td>QL=600ml/30 days</td>
</tr>
<tr>
<td>METHADONE SOLN 5MG/5ML</td>
<td>QL=1200ml/30 days</td>
</tr>
<tr>
<td>methadone tab</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>methadone tab 10mg</td>
<td>QL= 240 tabs/30 days</td>
</tr>
<tr>
<td>METHADOSE CONC</td>
<td>QL=600ml/30 days</td>
</tr>
<tr>
<td>methylergonovine tab</td>
<td>QL= 28 tabs/fill, 1 fill/365 days</td>
</tr>
<tr>
<td>modafinil tab</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>MORPHINE SULFATE ER BEAD CAP</td>
<td>QL= 2 caps/day</td>
</tr>
<tr>
<td>morphine sulfate ER tab</td>
<td>QL= 90 tabs/30 days</td>
</tr>
<tr>
<td>morphine sulfate soln</td>
<td>QL=120ml/30 days</td>
</tr>
<tr>
<td>morphine sulfate tab</td>
<td>QL=180 tabs/30 days</td>
</tr>
<tr>
<td>MUSE SUPP</td>
<td>QL= 6 inj/30 days</td>
</tr>
<tr>
<td>naratriptan tab</td>
<td>QL= 9 tabs/fill, 2 fills/30 days</td>
</tr>
<tr>
<td>NASACORT OTC NASAL SPRAY</td>
<td>QL= 2 bottles/fill</td>
</tr>
<tr>
<td>NATROBA SUSP</td>
<td>QL= 1 bottle/fill</td>
</tr>
<tr>
<td>NERLYNX TAB</td>
<td>QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>NUCALA INJ</td>
<td>QL= 1 inj/28 days</td>
</tr>
<tr>
<td>NUCYNTA TAB</td>
<td>QL= 180 tabs/30 days</td>
</tr>
<tr>
<td>NUEDEXTA CAP</td>
<td>QL= 2 caps/day</td>
</tr>
<tr>
<td>NUVENTIL INJ</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>OCALIVA TAB</td>
<td>QL= 1 tab/day; Only available through Walgreens 888-347-3416</td>
</tr>
<tr>
<td>ODEFSEY TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>OFEV CAP</td>
<td>QL= 2 caps/day; Only available through Walgreens 888-347-3416</td>
</tr>
<tr>
<td>olopatadine ophth soln 0.2%</td>
<td>QL= 2.5ml/30 days</td>
</tr>
</tbody>
</table>

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**Quantity Limit (QL) Medications**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPSUMIT TAB</td>
<td>QL= 1 tab/day; Only available through CVS Specialty 800-237-2767</td>
</tr>
<tr>
<td>ORENCIA CLICK INJ</td>
<td>QL= 4 inj/28 days</td>
</tr>
<tr>
<td>ORENCIA SC INJ 125MG/ML</td>
<td>QL= 4 inj/28 days</td>
</tr>
<tr>
<td>ORENCIA SC INJ 50MG/0.4ML</td>
<td>QL= 4 inj/28 days</td>
</tr>
<tr>
<td>ORENCIA SC INJ 87.5MG/0.7ML</td>
<td>QL= 4 inj/28 days</td>
</tr>
<tr>
<td>ORILISSA TAB 150MG</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>ORILISSA TAB 200MG</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>ORKAMBI GRANULES PACKET</td>
<td>QL= 2 packets/day</td>
</tr>
<tr>
<td>ORKAMBI TAB</td>
<td>QL= 4 tabs/day</td>
</tr>
<tr>
<td>oseltamivir cap</td>
<td>QL= 10 caps/fill</td>
</tr>
<tr>
<td>oseltamivir cap 30mg</td>
<td>QL= 20 caps/fill</td>
</tr>
<tr>
<td>oseltamivir susp</td>
<td>QL= 250ml/fill</td>
</tr>
<tr>
<td>OTEZLA STARTER PACK</td>
<td>QL= 1 pack/28 days</td>
</tr>
<tr>
<td>OTEZLA TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>OVIDE LOTION</td>
<td>QL= 2 bottles/fill</td>
</tr>
<tr>
<td>oxycodone cap</td>
<td>QL=120 caps/30 days</td>
</tr>
<tr>
<td>oxycodone soln</td>
<td>QL=240ml/30 days</td>
</tr>
<tr>
<td>oxycodone tab</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>oxycodone/acetaminophen tab</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>oxycodone/aspirin tab</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>OZEMPIC INJ</td>
<td>QL= 1 pack/28 days</td>
</tr>
<tr>
<td>PALYNZIQ INJ</td>
<td>QL= 1 inj/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>peg 3350/electrolytes soln</td>
<td>Covered at $0 for members 50-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay</td>
</tr>
<tr>
<td>PEROCET TAB</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>PERCODAN TAB</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>phentermine cap</td>
<td>QL= 1 cap/day</td>
</tr>
<tr>
<td>phentermine tab</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>PICATO GEL</td>
<td>QL= 1 box/fill</td>
</tr>
<tr>
<td>PIFELTRO TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>PRALUENT INJ</td>
<td>QL= 2 inj/28 days</td>
</tr>
<tr>
<td>PREVANAR 13 INJ</td>
<td>QL= 1 vaccine/lifetime; Covered for members age 19 years or older, Prior authorization required if member less than 19 years.</td>
</tr>
<tr>
<td>PROVIGIL TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>QSYMIA CAP</td>
<td>QL= 1 cap/day</td>
</tr>
<tr>
<td>ramelteon tab</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>REGRANEX GEL</td>
<td>QL= 30gm/fill</td>
</tr>
<tr>
<td>RELENZA DISKHALER</td>
<td>QL= 1 inhaler/fill</td>
</tr>
<tr>
<td>REPATHA INJ</td>
<td>QL= 2 inj/28 days</td>
</tr>
<tr>
<td>REPATHA PUSHTRONEX INJ</td>
<td>QL= 1 inj/28 days</td>
</tr>
<tr>
<td>REVLIMID CAP</td>
<td>QL= 1 cap/day</td>
</tr>
<tr>
<td>RINVOQ ER TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>rizatriptan ODT</td>
<td>QL= 12 tabs/fill, 3 fills/60 days</td>
</tr>
</tbody>
</table>

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The following drugs are covered on the formulary with a Quantity Limit.

### Quantity Limit (QL) Medications

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>rizatriptan tab</td>
<td>QL= 12 tabs/fill, 3 fills/60 days</td>
</tr>
<tr>
<td>rosvastatin tab 10mg</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>rosvastatin tab 20mg</td>
<td>QL= 1.5 tabs/day</td>
</tr>
<tr>
<td>rosvastatin tab 40mg</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>rosvastatin tab 5mg</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>ROXICODONE TAB</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>ROZEREM TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>RUBRACA TAB</td>
<td>QL= 4 tabs/day; Only available through Avella Pharmacy (877) 546-5779</td>
</tr>
<tr>
<td>SANCUSO PATCH</td>
<td>QL= 4 patchs/fill</td>
</tr>
<tr>
<td>SANTYL OINT</td>
<td>QL= 90gm/30 days</td>
</tr>
<tr>
<td>SAPHRIS SL TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>SAVELLA TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>SIGNIFOR INJ</td>
<td>QL= 2 vials/day; Only available through Accredo 888-773-7376</td>
</tr>
<tr>
<td>sildenafil tab</td>
<td>QL= 6 tabs/30 days</td>
</tr>
<tr>
<td>SIVEXTRO TAB</td>
<td>QL= 6 tabs/fill; Restricted to Infectious Disease Specialist</td>
</tr>
<tr>
<td>SKLICE LOTION</td>
<td>QL= 1 tube/fill</td>
</tr>
<tr>
<td>SKYRIZI INJ</td>
<td>QL= 2 inj/84 days</td>
</tr>
<tr>
<td>SOFOSBUVIR/Velpatasvir tab</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>SOLARAZE GEL</td>
<td>QL= 300gm/30 days</td>
</tr>
<tr>
<td>SOMA TAB</td>
<td>QL=120 tabs/30 days</td>
</tr>
<tr>
<td>SPIRONOLACTONE SISP</td>
<td>QL= 1 bottle/fill</td>
</tr>
<tr>
<td>SPIRIVA RESPIMAT INHALER</td>
<td>QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or 1.25MCG/ACT FLUTICASONE/SALMETEROL</td>
</tr>
<tr>
<td>SYRINGEAL TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>SYNFARO TAB</td>
<td>QL= 6 tabs/30 days</td>
</tr>
<tr>
<td>STRIVERDI RESPIMAT INHALER</td>
<td>QL= 1 inhaler/30 days</td>
</tr>
<tr>
<td>sumatriptan inj</td>
<td>QL= 4 inj/fill, 2 fills/30 days</td>
</tr>
<tr>
<td>SUMatriptan inj 6MG/0.5ML</td>
<td>QL= 4 inj/fill, 2 fills/30 days</td>
</tr>
<tr>
<td>sumatriptan tab</td>
<td>QL= 9 tabs/fill, 2 fills/30 days</td>
</tr>
<tr>
<td>SYMDEKO TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>SYMFHI (LO) TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>SYMJIEPI INJ</td>
<td>QL= 2 inj/fill</td>
</tr>
<tr>
<td>SYNJARDY TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>SYNJARDY XR TAB 10-1000MG, 25-1000MG</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>SYNJARDY XR TAB 5-1000MG, 12.5-1000MG</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>tadalafil tab</td>
<td>QL= 6 tabs/30 days</td>
</tr>
<tr>
<td>tadalafil tab 2.5mg, 5mg</td>
<td>QL= 6 tabs/30 days</td>
</tr>
<tr>
<td>TAFINLAR CAP</td>
<td>QL= 4 caps/day</td>
</tr>
<tr>
<td>TAGRISSO TAB</td>
<td>QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>TALZENNA CAP 0.25MG</td>
<td>QL= 3 caps/day</td>
</tr>
</tbody>
</table>

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- The following drugs are covered on the formulary with a Quantity Limit.

### Quantity Limit (QL) Medications

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>TALZENNA CAP 1MG</td>
<td>QL= 1 cap/day</td>
</tr>
<tr>
<td>TAMIFLU CAP</td>
<td>QL= 10 caps/fill</td>
</tr>
<tr>
<td>TAMIFLU CAP 30MG</td>
<td>QL= 20 caps/fill</td>
</tr>
<tr>
<td>TAVALISSE TAB</td>
<td>QL= 2 tab/day; Only available through Biologics 800-850-4306</td>
</tr>
<tr>
<td>TEGSEDI INJ</td>
<td>QL= 4 inj/28 days; Only available through Accredo 888-773-7376</td>
</tr>
<tr>
<td>testosterone gel 1% 25mg</td>
<td>QL= 1 packet/day</td>
</tr>
<tr>
<td>TESTOSTERONE GEL 1% 50MG</td>
<td>QL= 2 packets/day</td>
</tr>
<tr>
<td>testosterone gel 1% pump</td>
<td>QL= 4 bottles/30 days</td>
</tr>
<tr>
<td>testosterone gel 1.62% 1.25gm</td>
<td>QL= 1 packet/day</td>
</tr>
<tr>
<td>testosterone gel 1.62% 2.5gm</td>
<td>QL= 2 packets/day</td>
</tr>
<tr>
<td>testosterone gel 2%</td>
<td>QL= 2 bottles/30 days</td>
</tr>
<tr>
<td>TESTOSTERONE GEL PUMP</td>
<td>QL= 4 bottles/30 days</td>
</tr>
<tr>
<td>testosterone gel pump 1.62%</td>
<td>QL= 2 bottles/30 days</td>
</tr>
<tr>
<td>TESTOSTERONE GEL, VOGELXO GEL</td>
<td>QL= 2 packets/day</td>
</tr>
<tr>
<td>testosterone soln</td>
<td>QL= 2 bottles/30 days</td>
</tr>
<tr>
<td>TIBSOVO TAB</td>
<td>QL= 2 tabs/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>TIVICAY TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>TRACLEER TAB 32MG</td>
<td>QL= 4 tabs/day; Only available through Walgreens 888-347-3416</td>
</tr>
<tr>
<td>tramadol ER tab</td>
<td>QL= 30 tabs/30 days</td>
</tr>
<tr>
<td>tramadol tab</td>
<td>QL= 240 tabs/30 days</td>
</tr>
<tr>
<td>tramadol/acetaminophen tab</td>
<td>QL= 240 tabs/30 days</td>
</tr>
<tr>
<td>TRAVATAN Z DROPS</td>
<td>QL= 2.5ml/30 days</td>
</tr>
<tr>
<td>travoprost ophth soln</td>
<td>QL= 2.5ml/30 days</td>
</tr>
<tr>
<td>triamcinolone nasal spray</td>
<td>QL= 2 bottles/fill</td>
</tr>
<tr>
<td>triamcinolone OTC nasal spray</td>
<td>QL= 2 bottles/fill</td>
</tr>
<tr>
<td>telyte soln</td>
<td>Covered at $0 for members 50-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year</td>
</tr>
<tr>
<td>TRINTELLIX TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>TRULICITY INJ</td>
<td>QL= 4 pens/28 days</td>
</tr>
<tr>
<td>TUSSIONEX SUSP</td>
<td>QL= 120ml/fill; 2 fills/30 days</td>
</tr>
<tr>
<td>TUSSI-ORGANI SYRUP</td>
<td>QL= 240ml/fill</td>
</tr>
<tr>
<td>TYLENOL/CODEINE TAB</td>
<td>QL= 180 tabs/30 days</td>
</tr>
<tr>
<td>TYVASO INH SOLN</td>
<td>QL= 1 ampule/day; Only available through Accredo 888-773-7376</td>
</tr>
<tr>
<td>UCERIS TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>ULESFIA LOTION</td>
<td>QL= 4 bottles/fill</td>
</tr>
<tr>
<td>ULTRAM TAB</td>
<td>QL= 240 tabs/30 days</td>
</tr>
<tr>
<td>UPTRAVI TAB</td>
<td>QL= 2 tabs/day; Only available through Accredo 888-773-7376</td>
</tr>
<tr>
<td>VAGIFEM TAB</td>
<td>QL= 8 tabs/28 days (18 tabs on first fill)</td>
</tr>
<tr>
<td>VALCHLOR GEL</td>
<td>QL= 4 tubes/30 days; Only available through Accredo 888-773-7376</td>
</tr>
<tr>
<td>VALIUM TAB 2MG, 10MG</td>
<td>QL= 4 tabs/day</td>
</tr>
<tr>
<td>VALIUM TAB 5MG</td>
<td>QL= 3 tabs/day</td>
</tr>
<tr>
<td>VANCOCIN CAP</td>
<td>QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN</td>
</tr>
<tr>
<td>vancomycin cap</td>
<td>QL= 56 caps/fill; Step Therapy requires trial of vancomycin soln or FIRVANQ SOLN</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>vardenafil ODT</td>
<td>QL= 6 tabs/30 days</td>
</tr>
<tr>
<td>vardenafil tab</td>
<td>QL= 6 tabs/30 days</td>
</tr>
<tr>
<td>VARUBI TAB</td>
<td>QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist</td>
</tr>
<tr>
<td>VENTAVIS INH SOLN</td>
<td>QL= 9 ampules/day; Only available through Accredo 888-773-7376</td>
</tr>
<tr>
<td>VENTOLIN HFA INHALER</td>
<td>QL= 2 inhalers/30 days</td>
</tr>
<tr>
<td>VERZENIO TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>V-GO INJ KIT</td>
<td>QL= 1 kit/day</td>
</tr>
<tr>
<td>VICTOZA INJ</td>
<td>QL= 9ml/30 days</td>
</tr>
<tr>
<td>VIMPAT TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>VITRAKVI CAP 100MG</td>
<td>QL= 2 caps/day; Only available through US Bioservices 888-518-7246</td>
</tr>
<tr>
<td>VITRAKVI CAP 25MG</td>
<td>QL= 6 caps/day; Only available through US Bioservices 888-518-7246</td>
</tr>
<tr>
<td>VITRAKVI SOLN</td>
<td>QL= 10ml/day; Only available through US Bioservices 888-518-7246</td>
</tr>
<tr>
<td>VIVOTIF CAP</td>
<td>QL= 4 caps/fill</td>
</tr>
<tr>
<td>VIZIMPRO TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>VOGELIXO PUMP</td>
<td>QL= 4 bottles/30 days</td>
</tr>
<tr>
<td>VOLTAREN GEL</td>
<td>QL= 5 tubes/fill</td>
</tr>
<tr>
<td>VOSEVI TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>VYTORIN TAB</td>
<td>QL= 1 tab/day (10/80mg is Not Covered)</td>
</tr>
<tr>
<td>XADAGO TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>XALATAN OPHTH SOLN</td>
<td>QL= 2.5ml/30 days</td>
</tr>
<tr>
<td>XALKORI CAP</td>
<td>QL= 2 caps/day</td>
</tr>
<tr>
<td>XANAX TAB</td>
<td>QL= 5 tabs/day</td>
</tr>
<tr>
<td>XELJANZ TAB</td>
<td>QL= 2 tabs/day</td>
</tr>
<tr>
<td>XELJANZ XR TAB</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>XIFAXAN TAB 200MG</td>
<td>QL= 9 tabs/3 days</td>
</tr>
<tr>
<td>XIFAXAN TAB 550MG</td>
<td>QL= 2 tabs/day; Quantities up to 3 tabs/day for the treatment of IBS-D allowed via PA</td>
</tr>
<tr>
<td>XOSPATA TAB</td>
<td>QL= 3 tabs/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>XTAMPZA ER CAP</td>
<td>QL= 120 caps/30 days</td>
</tr>
<tr>
<td>XTANDI CAP</td>
<td>QL= 4 caps/day</td>
</tr>
<tr>
<td>XYREM SOLN</td>
<td>QL= 540ml/30 days; Only available through Xyrem Central Pharmacy 866-997-3688</td>
</tr>
<tr>
<td>ZEJULA CAP</td>
<td>QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118</td>
</tr>
<tr>
<td>ZELBORAF TAB</td>
<td></td>
</tr>
<tr>
<td>ZETONNA NASAL SPRAY</td>
<td>QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone or triamcinolone</td>
</tr>
<tr>
<td>zolpidem tab</td>
<td>QL= 1 tab/day</td>
</tr>
<tr>
<td>ZUTRIPRO LIQUID</td>
<td>QL= 120ml/fill, 2 fills/30 days</td>
</tr>
<tr>
<td>ZYKADIA CAP</td>
<td>QL= 3 caps/day</td>
</tr>
<tr>
<td>ZYKADIA TAB</td>
<td>QL= 3 tabs/day</td>
</tr>
<tr>
<td>ZYLET OPHTH SUSP</td>
<td>QL= 5ml/fill (10ml bottle is Not Covered)</td>
</tr>
</tbody>
</table>

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